

In The United States District Court  
For The Middle District Of Alabama

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2007 NOV 20

3:33 Northern Division

DEBRA P. HACKETT, CLK  
U.S. DISTRICT COURT  
MIDDLE DISTRICT ALA

Margie Florence Banow  
Plaintiff

Civil Action  
No. 2:07  
CV 918-MHT

V.

The McDonald's Corporation,  
et. al.,

Amended,  
Complaint

Defendants

The EEOC says they will have  
to send me a letter from  
them that were within reference to  
their response to me about my  
charges of Employment Discrimination  
that they received from me about  
McDonald's charges. Margie  
654 Henderson Pk., Apt. 1, Troy, AL 36081

Suit in Action

Outrageous Conduct /  
Reluctant Discharge

Cashman v. Wabbe House Co., Inc. 951

F. Supp. 1012 (M.D. Ala. 1997).

1. The Test of Intentional infliction of  
emotional distress as outrageous conduct  
Workers Compensation Act. Estate Jackson,  
485 So. 2d. 1116 (Ala. 1986)

Claims based on test of bad faith refusal  
to pay an insurance claim in the Workers  
Compensation context. Gibson v. Fidelity and Cas.  
Co. of New York, 454 So. 2d. 526 (Ala. 1984),

# Retaliatory Discharge

Employee Fired me on the same night that  
I was rec'd at the ER. Employee were  
not permitted to fire me. *Hillman v. AKZO*  
*Nobel Industries Febr., Inc., 710 So. 2d, 445*  
*(Ala. Civ. App., 1997)*

The Federal Employee Compensation Act (FECA) (5 U.S.C. 8101 et. seq.) provide compensation benefits to Civilian employees of the United States for disability due to personal injury sustained while in the performance of duty or to employment related disease. Benefits cannot be paid if the injury or death is caused by the willful conduct of the employee, etc.

Mr. Eric Bland, Miss Terri Hussey, Miss Patricia Taylor, Mrs. Jamie Stephens, Mr. Jeff Stephens, Mr. [unclear] has helped

Katuna Stephens, Mr. Fletcher  
Reeder and The McDonald's  
Corporation to practice over  
two full years of Race Based  
Racism, Raced Based hate Games,  
White hate group Crimes, Race  
Based intentional Job Discrimination,  
White Master Slavery, Time Severe  
Racial Discrimination, and he  
has helped them to blackball  
me out of over two full  
years of Medical benefits,  
Compensation for Temporary Total  
Disability, Compensation for  
Permanent Effects of Injury with

Malice, ill will, and with  
reckless indifference to my Federally  
Protected Rights and With racist  
intends to make them just  
another Nigger suffer. (suffer)

They Fired me, they discharged  
me, and they terminated my  
employment after I was hurt  
on the job without telling  
me anything about it so they  
could blackball me out of  
my Workers Compensation  
benefits.

Mrs. Janie Stephens, Mr. Jeff Stephens, Mrs. Katrina Stephens, Miss Terri Hussey, Mrs. Patricia Taylor, And The McDonald's Corporation used Mrs. Eric Bland and Miss Brenda Jones as House Slaves and Uncle Tom's, They used them to spread their seeds of Racism on me, to do their dirty work to me, and they <sup>have</sup> used them to ~~be~~ blackball me out of all of my Workers Compensation Benefits From September 27, 2005 (2005)

The employer refused to file A First Report of Injury with my signature on it, according to the Workers Compensation Division for the State of Ala, they told me the Employer never file a Report of Injury for me with them.

The employer has blackballed me out of all Workers Compensation checks, income for benefits, medical benefits, prescription drugs, medicines, medical devices, etc., for over two full years. These damages are unspeakable, and they are unspeakable.



Miss Brenda Jones Violated My  
 Civil, human, Patents, and Privacy  
 Rights When Making, all When, and  
 When reckless indifference to my  
 federal rights when she  
 hand-delivered a Paper behind  
 my back from McDonald's for  
 Miss Tam Hussy, and she  
 gave the doctor the Paper to  
 fill out on me without  
 telling me anything about it,  
 Miss Tam Hussy and the  
 McDonald's Corporation used  
 this Paper to blackball me  
 one of my Workers Compensation  
 benefits for anyone that I need

Mrs. Tew Heavy Practice Below  
 Patterns of Race Record  
 Race Record, Race Record  
 I believe to be Discrimination, Race,  
 Practice, Steady, Taylor, Williams, and  
 the Practice while has Group  
 to which by California  
 Comparison Agrees me with Dr. Robles,  
 the Nurse, and Tracy Regional Medical  
 Center, and the blackboard me  
 the of my Medical Care, help, Treatment,  
 information, beyond, and a few points  
 for anyone as my job as McDonald  
 before the Ambulance also set me  
 to the hospital for them Set

27, 2007,

8/105, Total Disability, if the disability is total the U.S. should pay the employee during the disability monthly monetary compensation equal to  $66 \frac{2}{3}$  percent of his monthly pay, which is known as his basic compensation for total disability.

(b) the loss of use of both hands, both arms, both feet, or both legs, the loss of sight of both eyes.

8/106,

Partial disability

8/115 - Determination of Wage - ~~earnings~~

earnings Capacity - is due to:

- (1) the nature of Injury
- (2) the degree of physical impairment
- (3) his usual employment
- (4) his age
- (5) his qualifications for other employment

~~~~~

By Daniel P. Deneau, Minnesota State University-Moorehead

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Back

- (b) The Availability of Suitable employment
- (7) Other factors or Circumstances that  
Which may ~~effect~~ Affect his wage -  
earning capacity in his disabled condition

# 8/20.

## Report of Injury

Immediately After an injury to an employee  
which results in his death or probable  
~~disability~~ disability, his immediate Supervisor  
shall report to The Sec. of Labor.

- ④ The Secretary may; ~~require~~
- (1) Prescribe the information that the report

MCDONALD'S AND GALLAGHER BASSETT SERVICES IS AT 100% FAULT FOR MY ACCIDENT AND MY JOB INJURIES ON SEPTEMBER 27, 2005.

MCDONALD'S, J & J ENTERPRISES AND GALLAGHER BASSETT SERVICES ARE STILL LIVING IN THE BULL CONNOR, MOB CROWD LYNCHING, KU KLUX KLAN AND THE 1955 ROSA PARKS DAYS AND THEY ARE JUST LIKE BURGER KING, THEY GOT TO HAVE THINGS THEIR WAY!

MCDONALD'S, J&J ENTERPRISES AND GALLAGHER BASSETT SERVICES LIVES IN THE 1800 WHITE SLAVE MASTER ERA, THEY THINK ALL BLACK FOLKS ARE NIGGERS, AND THAT ALL BLACK FOLKS ARE SLAVES, THEY DON'T THINK THAT BLACK FOLKS ARE REAL FOLKS, JUST LIKE WHITE FOLKS, THEY THINK THAT BLACK FOLKS ARE NIGGERS, SLAVES, AND NOT REAL HUMAN BEINGS. THEY DON'T THINK THE LAW WAS MADE FOR BLACK FOLKS. THEY THINK THE LAW WAS MADE FOR WHITE FOLKS ONLY AND THEY HAVE SLAVE HERITAGES AND SLAVE MENTALITIES THAT SCARES ME TO DEATH ; THEY HAVE ME SLAVE BOUND, WHEN, I WANT TO BE SLAVE FREE, AND I WANT THEM TO TAKE THEIR SLAVE CHAINS OFF OF ME!

MY MEDICAL BILLS ARE COUNTLESS, ON GOING, ENDLESS AND CONTINUOUS, THEY MAY LAST ME FOR THE REST OF MY LIFE, BECAUSE I CAN'T AFFORD TO PAY FOR MEDICAL CARE, TREATMENTS, EXAMINATIONS AND SERVICES FOR MY JOB INJURIES AT MCDONALD'S ON SEPTEMBER 27, 2005. MCDONALD'S, J&J ENTERPRISES, AND GALLAGHER BASSETT SERVICES DO MEAN, NASTY, RACIST, AND CRUEL THINGS TO ME AND THEY STOP ME FROM GETTING MEDICAL CARE , SERVICES, TREATMENTS, EXAMINATIONS AND OTHER SERVICES FOR MY ON THE JOB INJURY AT MCDONALD'S ON SEPTEMBER 27, 2005 SO THEY CAN CIRCUMVENT MY WORKER'S COMPENSATION CLAIM.

MCDONALD'S, J&J ENTERPRISES, AND GALLAGHER BASSETT SERVICES HAS PRACTICED SYSTEMATIC PATTERNS OF POWERFUL WHITE HATE GROUP CONSPIRACIES AGAINST ME WITH TROY REGIONAL MEDICAL CENTER, THE DOCTORS, SOUTHEAST ALABAMA RURAL HEALTH CARE ASSOCIATES DOCTOR'S CENTER AND SOUTHEAST ALABAMA RURAL HEALTH CARE ASSOCIATES' ADMINISTRATIVE OFFICE AND THEY HAVE STOPPED THEM FROM TREATING ME FOR MY JOB INJURIES AT MCDONALD'S ON SEPTEMBER 27, 2005 SO THEY CAN BLACKBALL ME OUT OF MY WORKER'S COMPENSATION BENEFITS.

I HAVE REMAINED IN PAIN AND SUFFERINGS THAT HAS LASTED ME FOR ALMOST ONE FULL YEAR. I SUFFER FROM PERMANENT PHYSICAL DISABILITIES, EMOTIONAL DAMAGES, PATTERNS OF RACE BASED RACISM, PSYCHOLOGICAL ABUSE, WHITE MASTER SLAVERY TIME DISCRIMINATION AND ENDLESS POWERFUL WHITE HATE GROUP

CONSPIRACIES THAT MCDONALD'S, J&J ENTERPRISES AND GALLAGHER BASSETT SERVICES CAUSES AND FORCES ME TO LIVE AND SUFFER THROUGH ON A DAILY BASIS.

*over* MY ANNUAL YEARLY LOSS OF INCOMES TOTALS TO APPROXIMATELY *over* FORTY THOUSAND DOLLARS OR MORE AND APPROXIMATELY TWENTY FIVE THOUSAND DOLLARS OF THIS LOSS OF INCOME IS FROM MCDONALD'S. I SUFFER FROM EMPLOYMENT DISCRIMINATION, A RACIST, WRONG, AND UNLAWFUL BLACKBALLING JOB TERMINATION. MY WHOLE BODY SUFFERS FROM CHEMICAL CONTAMINATIONS, CHEMICAL INFECTIONS, AND DEEP ALLERGIC REACTIONS THAT FLOATS ALL OVER MY BODY LIKE A RIVER.

I SUFFER FROM HEAD, BACK, NECK, THROAT, CHEST, SHOULDER, ARM, LEG, HIP, KNEE, WAIST, BONE INJURIES, OTHER JOINT INJURIES, AND FROM OTHER BODILY INJURIES. I SUFFER FROM LOSS OF JOBS, JOB INTERVIEWS, JOB OPPORTUNITIES, LOSS OF TIME, GRADUATION EXERCISES FOR STUDENTS WHOM I WORKED IN THE CLASSROOM WITH, LOSS OF MANY DIFFERENT OCCASIONS, PLEASURE AND ENJOYMENT WITH MY FAMILY, MY CHRISTMAS, THANKSGIVING, NEW YEARS, VALENTINE, EASTER, BIRTHDAYS AND OTHER SPECIAL HOILDAYS WITH MY MOTHER, SISTER, GRAND-CHILDREN, NEICES, NEPHEWS, FRIENDS AND MY FAMILY MEMBERS. .

I HAVE LOST TIME FROM COLLEGE, WORK, PROFESSIONAL TRAININGS FOR MY DEGREE IN EDUCATION, MY TEACHER'S CERTIFICATE , COLLEGE, MY WORK ACTIVITIES WITH THE WIRE GRASS WRITING PROJECT, BIRTHDAYS, RECREATIONAL ACTIVITIES, HOBBIES, HOME ACTIVITIES, VACATIONS, ETC. MCDONALD'S HAS KEPT ME FROM GETTING MY TEACHER'S CERTIFICATE UPDATED. I HAVE LOST TIME WITH MY GRAND-CHILDREN, NEICES, NEPHEWS AND MY COUSINS IN SCHOOL. I SUFFER FROM EMBARRASSMENT, INCONVENIENCES, HUNGER, AND POVERTY BECAUSE OF MCDONALD'S.

I SUFFER FROM SHOOTING, STINGING, ACHING, DIZZY, AND HURTING PAINS OF BURNINGS, ITCHINGS, JOINT STIFFNESS, HARDNESS, AND SORENESS ALL OVER MY BODY. I HAVE SCALP IRRITATIONS, SCALP INFECTIONS, HAIR LOSSES, BALDNESS, AND SORES THAT BREAKS OUT IN MY HEAD AND ON OTHER PARTS OF MY BODY BECAUSE OF CHEMICAL REACTIONS FROM MCDONALD'S.

I HAVE SKIN DISCOLORATIONS TO MY NECK, THROAT, CHEST, LEGS, SHOULDERS AND OTHER PARTS OF MY BODY. MCDONALD'S CHEMICALS AND CHEMICAL CONTAMINATIONS CAUSES ME TO HAVE UGLY SPOTS ON MY BODY THAT CAUSES ME TO ITCH, BURN, STING, AND HURT ALL THE TIME. I HAVE SCARRING, HAIR LOSSES, SKIN IRRITATIONS AND BALDNESS



IN MY HEAD THAT MAY BE PERMANENT BECAUSE OF MCDONALD'S CHEMICALS, CHEMICAL CONTAMINATIONS, AND DEEP ALLERGIC REACTIONS THAT MAY LAST ME FOR THE REST OF MY LIFE.

MCDONALD'S, GALLAGHER BASSETT SERVICES, AND J&J ENTERPRISES ARE AT 100% FAULT FOR MY ACCIDENT AND MY ON THE JOB INJURIES , IF I WERE A WHITE WOMAN, MCDONALD'S, GALLAGHER BASSETT SERVICES, AND J&J ENTERPRISE WOULD NOT BE MAKING A SLAVE OUT OF ME, AND THEY WOULDN'T BE MAKING A NIGGER OUT OF ME!

MCDONALD'S IS AT 100% FAULT FOR ME NOT HAVING AN INCOME TO LIVE ON, NOT BEING ABLE TO WORK, USE THE LEFT PART OF MY ARM, NECK, SHOULDER, HAND AND OTHER PARTS OF MY BODY. THEY ARE RESPONSIBLE FOR MY MEDICAL PROBLEMS WITH MY BACK, HEAD, BONES, SHOULDERS, NECK, CHEST, ARMS, KNEES AND OTHER PARTS OF MY BODY. MY HIPS HAS FELT BLOODY, BROKE AND SORE FOR ALMOST ONE FULL YEAR AND MCDONALD'S, J & J ENTERPRISES, AND GALLAGHER BASSETT SERVICES REFUSES TO PAY FOR MY MEDICAL BILLS SO THEY CAN BLACKBALL ME OUT OF MY WORKER'S COMPENSATION BENEFITS.

MCDONALD'S IS AT 100% FAULT FOR ME NOT BEING ABLE TO GET ANY MEDICAL HELP, CARE, EXAMINATIONS, TREATMENTS AND OTHER SERVICES FOR MY ON THE JOB INJURIES FOR ALMOST ONE FULL YEAR AND THEY HAVE TAKEN MY MEDICAL RIGHTS, CARE, TREATMENTS, EXAMINATIONS AND OTHER SERVICES FROM ME SO THEY CAN BLACKBALL ME OUT OF MY WORKER'S COMPENSATION BENEFITS BECAUSE THEY DON'T WANT TO TAKE RESPONSIBILITY FOR MY ACCIDENT AND ON THE JOB INURY AT MCDONALD'S ON SEPTEMBER 27, 2005.

MCDONALD'S IS AT 100% FAULT FOR ME SLIPPING, SLIDING, AND FALLING DOWN REPEATEDLY INSIDE OF, ON THE TOP, ON THE BOTTOM, AND ON THE SIDE OF SOME BIG HARD STEEL CONTAMINATED KITCHEN SINKS, ON A PLASTIC BREAD TRAY, AND ON A BIG HARD SLICK, SLIPPERY, GREASY AND WET CEMENT FLOOR. MCDONALD'S IS RESPONSIBLE FOR ME GETTING HARD BLOWS TO THE TOP OF MY HEAD AND MY FOREHEAD FROM HITTING THE BOTTOM OF SOME BIG HARD COMTAMINATED KITCHEN SINKS THAT WERE MADE OUT OF NOTHING BUT REAL HARD STEEL.

MCDONALD'S IS RESPONSIBLE FOR ME HAVING MANY SLIPS, SLIDES AND FALLS ON A BIG, GREASY, SLICK, SLIPPERY, AND VERY HARD CEMENT FLOOR THAT ALMOST CAUSED ME TO GET KILLED, AND THEY HAD JUST MOPPED THE FLOORS IN NASTY, DIRTY, SLICK, GREASY AND CHEMICAL CONTAMINATED WATER THAT HAD NOT BEEN CHANGED FOR DAYS, AND DAYS.MCDONALD'S ARE THE ONES WHO PROVIDED NO JOB TRAINING

AND NO SUPERVISION FOR THEIR EMPLOYEES AND THEY ALLOWED THEIR EMPLOYEES TO RIP, RUN, AND PLAY AT WORK TO NO AVAIL. THEY ALLOWED THEIR OWN EMPLOYEES TO THROW FOOD, ICE, TOMATOES, MAYONNAISE, PICKELS, ONIONS, LETTUCE, HAMBURGER MEAT, CHICKEN, SALAD DRESSING, ICE CREAM, BREAD, MUSTARD, FISH, KETCHUP AND OTHER FOODS ON THE KITCHEN FLOORS AND THEY CAUSED THEIR OWN FLOORS TO BE SLICK, SLIPPERY, GREASY AND WET.

MCDONALD'S ALLOWED THEIR OWN EMPLOYEES TO SPIT, PUKE, THROW UP IN, VOMIT AND THEY MOPPED THE FLOORS IN THE KITCHEN SINKS WITH WATER THAT WERE FULL OF THE CHEMICAL CONTAMINATIONS. .KI IT WERE MCDONALD'S OWN EMPLOYEE WHO RIPPED, RAN, AND PLAYED ON THE JOB THAT BROKE A COMPUTERIZED CASH REGISTER WHICH CAUSED ME TO WORK FROM 5:00 p.m. TO ALMOST 5:00a.m. TWO DAYS IN A ROW. MCDONALD'S CAUSES AND FORCES ME TO HAVE COUNTLESS AND ENDLESS NIGHTMARES, MENTAL FLASHBACKS, BAD DREAMS, AND LIFE-THREATENING FEARS OF SORROW IN MY SLEEP THAT WILL LAST ME FOR A LIFE TIME.

MCDONALD'S IS RESPONSIBLE FOR MY ON THE JOB INJURIES, THEY CAUSED ME TO ALMOST BURST THE TOP OF MY FOREHEAD, MY WHOLE HEAD, MY FACE, MY BACK AND EVERY BONE IN MY BODY WIDE OPEN. I ALMOST BROKE MY ARMS, HIPS, BACK BONE, SHOULDER, SHOULDER BONES, COLLAR BONES, LEG AND EVERY BONE IN MY BODY.

MCDONALD'S LEFT THE PLASTIC BREAD TRAY LYING IN THE MIDDLE OF THE FLOOR. MCDONALD'S WAS RESPONSIBLE FOR THE FLOOR BEING SLICK, SLIPPERY, WET, AND GREASY WITH NASTY CHEMICAL CONTAMINATED WATER THAT HAD NOT BEEN CHANGED FOR DAYS, AND DAYS. MCDONALD'S IS RESPONSIBLE FOR THE FLOORS, SINKS, AND THE WHOLE KITCHEN BEING FULL OF CHEMICAL CONTAMINATIONS AND THEY ARE RESPONSIBLE FOR ME ALMOST GETTING KILLED WHILE I WAS IN THE LINE OF DUTY ON MY JOB.

MCDONALD'S CAUSED THE FLOORS TO BE SLICK, SLIPPERY, AND GREASY BECAUSE THEY MOPPED THE FLOORS WITH THE SAME NASTY, SLICK, GREASY AND DIRTY MOPS THAT THEY STORED IN THE MOPPING AREA, WASHED THE GREASY FRENCH FRY STATION PARTS IN, AND THAT THEY DUMPED NASTY, SLICK, GREASY AND DIRTY CLOROX TOWEL WATER IN THAT WERE FULL OF CHEMICALS AND CHEMICAL CONTAMINATIONS AND THEY NEVER CLEANED THE AREA THAT THEY STORED THE MOPS IN.

MCDONALD'S IS RESPONSIBLE FOR ME GETTING HURT ON THE JOB BECAUSE THEY ALLOWED MISS TERRI HUSSEY, WHO WERE MY CREW MANAGER TO PLAY ON THE JOB, HARASS ME AND OTHER BLACK FOLKS, AND TO USE MCDONALD'S FOR A SEX SPOT, WHEN SHE SHOULD HAVE



BEEN WORKING ON THE JOB AND SUPERVISING THE EMPLOYEES. MISS TERRI HUSSEY WERE FLIRTING WITH THE BLACK MEN, WHOM SOMETIMES WERE NOTHING BUT YOUNG TEENAGERS WHEN SHE SHOULD HAVE BEEN WORKING ON THE JOB.

MISS TERRI HUSSEY LAUGHED, PLAYED, AND FLIRTED ON THE PLAYGROUND WHEN WE WERE HAVING LUNCH WHILE SHE BRAGGED ABOUT HOW IT FELT WHEN SHE WERE HAVING HER BABY, WHEN HER WATER BROKE AND ABOUT HOW IT FELT WHEN SHE HAD SEX WITH THE FIRST BLACK MAN. MISS TERRI HUSSEY AND SOME OF THE OTHER EMPLOYEES CURSED AND USED SO MUCH PROFANITY UNTIL A CUSTOMER COMPLAINED ABOUT IT BECAUSE THEY HAD NO RESPECT FOR HER YOUNG CHILDREN, THEY HAD NO RESPECT FOR ME, THEY HAD NO RESPECT FOR THE OLD FOLKS, TEENAGERS OR THE BABIES THAT WERE ON THE PLAYGROUND AT MCDONALD'S.

MY INJURIES ARE SERIOUS, SEVERE, LONG LASTING AND VERY PERMANENT BECAUSE THEY HAVE LASTED ME FOR ALMOST ONE FULL YEAR. I LOSE SLEEP, I HAVE TROUBLE EATING, SLEEPING, AND I CAN HAVE STOMACH AND SIDE EFFECTS WHEN I TAKE MEDICINE FOR MY JOB INJURIES.

I SUFFER FROM PHYSICAL, EMOTIONAL, VERBAL, MENTAL, AND FINANCIAL SCARS THAT WILL LAST ME FOR A LIFETIME. I HAVE LOST OPPORTUNITIES, WORK HOURS, MEDICAL TREATMENTS, AND AN INCOME TO SUPPORT MYSELF WITH BECAUSE OF MY JOB INJURIES AT MCDONALD'S ON SEPTEMBER 27, 2005.

I HAVE LOST PRECIOUS TIME WITH MY MOTHER, SISTER, CHILDREN, GRAND-CHILDREN, NEICES, FRIENDS, AND MY ENTIRE FAMILY. I CAN'T PAY MY BILLS, I CAN'T BUY ME ENOUGH FOOD TO LAST ME FOR ONE FULL MONTH, I CAN'T BUY ME CLOTHES, SHOES, PERSONAL SUPPLIES AND I DON'T HAVE MONEY FOR FUN, FOOD, VACATION, RECREATION AND EXTRACURRICULAR ACTIVITIES. I KNOW HOW THE PROCESS WORKS, AND I KNOW THAT MY CLAIM IS AN HONEST ONE.

GALLAGHER BASSETT SERVICES, J&J EXPANDABLES, AND MCDONALD'S IS AT 100% FAULT FOR WRONGFULLY TERMINATING MY EMPLOYMENT WITH THE COMPANY BEHIND MY BACK AND WITHOUT TELLING ME ANYTHING ABOUT IT ON SEPTEMBER 27, 2005; THEY ARE AT 100% FAULT FOR CAUSING TROY REGIONAL MEDICAL CENTER, DR. ALDOLFO ROBLEDO, ATTENUS HEALTH CARE SERVICES, MS. KIM NELSON, MS. ROCHELLE CROWE, MR. WOODARD, MS. MELISSA FORAN, PIKE INTERNAL MEDICINES, DR. BEN SMITH, DR. JOHN BLOUGH, MS. TONYA RICHARDS, MS. MARY ANN NORTON, MR. JOHN LITTLE AND SOUTHEAST ALABAMA RURAL HEALTH CARE ASSOCIATES DOCTORS CENTER AND ADMINISTRATIVE OFFICE,

OTHER WHITE FOLKS, THE WHITE MAN, WHITE HATE GROUPS, AND FOR OTHER POWERFUL WHITE HATE GROUP EMPLOYERS WHOM ARE NOTHING BUT THE MOB CROWDS AND THE KU KLUX KLAN SINGLING ME OUT, RACIAL: PROFILING, STEREOTYPING, TARGETING, VICTIMIZING ME AND PRACTICING SYSTEMATIC PATTERNS OF RACIAL HATE GAMES, WHITE HATE CRIMES, RACE BASED RACISM, WHITE MASTER SLAVERY TIME DISCRIMINATION AND POWERFUL WHITE HATE GROUP CONSPIRACIES AGAINST ME TO VIOLATE MY CIVIL RIGHTS, SWEEP MY JOB INJURIES UNDER THE RUG AND BLACKBALL ME OUT OF MY WORKER'S COMPENSATION MEDICAL CARE, TREATMENTS, EXAMINATIONS, SERVICES, OTHER MEDICINE, PRESCRIPTION DRUGS, WAGES, AND OTHER BENEFITS THAT THE LAWS OF THE UNITED STATES CONSTITUTION ENTITLES ME TO RECEIVE FOR MY JOB INJURIES AT MCDONALD'S ON SEPTEMBER 27, 2005.

I HAVE PRESCRIPTIONS AT THE DRUG STORES THAT MCDONALD'S, J&J ENTERPRISES AND GALLAGHER BASSETT SERVICES HAS REFUSED TO BUY FOR ME SINCE FEBRUARY 9, 2006.

FIRST REPORT OF INJURY

NAME: MISS MARGIE FLORENCE BARROW

JOB TITLE: GRILL WORKER

DATE: SEPTEMBER 27, 2005

TIME: APPROXIMATELY: 9:00p.m.

PLACE: TROY MCDONALDS  
1126 HWY. 231  
TROY, ALABAMA 36081

I RECEIVED SEVERAL INJURIES TO MY HEAD AND MY WHOLE BODY THAT CAUSED ME TO BECOME UNCONSCIOUS AFTER MCDONALDS HAD ME TRANSPORTED TO TROY REGIONAL MEDICAL CENTER BY HAYNES AMBULANCE SERVICE ON SEPTEMBER 27, 2005. WHEN MY FEET GOT CAUGHT UP IN A BIG, LONG, AND A VERY WIDE PLASTIC BREAD TRAY THAT HYDROPLANED ME, AND IT THREW MY WHOLE BODY FLYING STRAIGHT UP IN THE AIR, JUST LIKE SUPERMAN!

MY WHOLE BODY FELL DOWN INSIDE OF A BIG, HUGE, LONG AND A VERY WIDE HARD STEEL KITCHEN SINK THAT WAS CONTAMINATED WITH WATER AND CHEMICALS, THE TOP OF MY HEAD HIT THE BOTTOM OF THIS HARD STEEL CONTAMINATED SINK REAL, REAL HARD! I KEPT RECEIVING HARD BLOWS TO MY HEAD AND OTHER PARTS OF MY BODY FROM FALLING ON THIS HARD STEEL SINK. I KEPT HURTING MY HEAD, FACE, NECK, CHEST, THROAT, BACK, ARMS, SHOULDERS, MY SHOULDER BONES AND OTHER PARTS OF MY BODY.

I KEPT ON SLIPPING, SLIDING, AND FALLING DOWN INSIDE OF THIS BIG, HARD, STEEL CONTAMINATED KITCHEN SINK, MY HEAD KEPT ON HITTING THE BOTTOM OF THE BIG HARD STEEL CONTAMINATED KITCHEN SINK, I KEPT SLIPPING, SLIDING, AND FALLING DOWN ON THE TOP AND THE BOTTOM OF THE BIG HARD STEEL CONTAMINATED KITCHEN SINK, AND I KEPT ON HURTING MY HEAD BACK, HIPS, HIP BONES, WAIST, WAIST BONES, LEGS, THIGHS, KNEES, KNEE BONES, MY STOMACH, AND OTHER PARTS OF MY BODY FROM SYSTEMATICALLY AND REPEATEDLY SLIPPING, SLIDING, AND FALLING DOWN FLAT ON THE TOP AND BOTTOM OF THIS BIG, LONG, HARD AND HEAVY STEEL CONTAMINATED KITCHEN SINK, I

ALMOST BROKE EVERY BONE IN MY BODY WHEN I KEPT ON SLIPPING,SLIDING, AND FALLING DOWN ON THE BIG HARD CEMENT FLOOR THAT WAS VERY SLICK, GREASY, AND SLIPPERY, AND I KEPT FALLING DOWN ON TOP OF THE BIG, LONG, HUGE AND VERY WIDE PLASTIC BREAD TRAY THAT SOMEONE HAD LEFT IN THE MIDDLE OF THE FLOOR. MY BODY RECEIVED MANY OCCUPATIONAL DISEASES FROM CHEMICALS AND CONTAMINATED WATER THAT WERE FROM THE KITCHEN SINKS, TOWELS,THE GRILL, THE MOP, THE MOPPING STORAGE AREA, THE LOBBY AREA,THE BATHROOM FLOORS, AND FROM THE HARD CEMENT KITCHEN FLOOR THAT HAD JUST BEEN MOPPED IN NASTY, SLICK AND VERY GREASY MOP WATER THAT HAD NOT BEEN CHANGED FOR DAYS.

MY NECK, THROAT,CHEST, SHOULDERS, BACK AND OTHER PARTS OF MY BODY HAVE INJURIES FROM THE CHEMICALS AND CONTAMINATED WATER THAT WAS USED TO DO THE WASHING, MOPPING, AND CLEANING IN THE RESTAURANT.

SIGNATURE \_\_\_\_\_

FIFTH REPORT OF INJURY

NAME: MARGIE FLORENCE BARROW

PLACE OF EMPLOYMENT: TROY MCDONALD'S

JOB TITLE: GRILL WORKER

DATE: JULY 20, 2006

PLACE: AT MY HOME

MRS. HEATHER SPRADLEY, MS. AMY ARCHER, MR. CHRIS ROCK AND GALLAGHER BASSETT SERVICES USES THE COLOR OF SLAVERY AND THE 1800 WHITE SLAVE MASTER ERA TO MAKE A NIGGER OUT OF ME FOR MCDONALD'S, TROY REGIONAL MEDICAL CENTER, DR. ALDOLFO ROBLEDON, PIKE INTERNAL MEDICINES, DR. JOHN BLOUGH, DR. BEN SMITH, MS. TONYA RICHARDS, DR. DAVID RUNYON, MS. MARY ANN NORTON, MR. JOHN LITTLE AND THE SOUTHEAST ALABAMA RURAL HEALTH CARE ASSOCIATES DOCTORS CENTER AND THEIR ADMINISTRATIVE OFFICE SO THEY CAN SWEEP MY JOB INJURIES UNDER THE RUG AND BLACKBALL ME OUT OF MY WORKER'S COMPENSATION MEDICAL CARE, SERVICES, EXAMINATIONS, TREATMENTS, SALARIES AND OTHER BENEFITS FOR MY JOB INJURIES AT MCDONALD'S ON SEPTEMBER 27, 2005.

MS. HEATHER SPRADLEY, MS. AMY ARCHER, MR. CHRIS ROCK, AND GALLAGHER BASSETT SERVICES PSYCHOLOGICALLY ABUSES ME TO NO EVERLASTING AVAIL, THEY HAVE REFUSED TO PROVIDE ME WITH WORKER'S COMPENSATION MEDICINE, PRESCRIPTION DRUGS, MEDICAL CARE, SERVICES, EXAMINATIONS, TREATMENTS, AND A SALARY TO ME FOR MY JOB INJURIES AT MCDONALD'S FOR ALMOST ONE FULL YEAR..

GALLAGHER BASSETT SERVICES AND MCDONALD'S CAUSES ME TO SUFFER FROM INFINITE LIFETHREATENING-FRIGHTENING-FAIRFUL NIGHTMARES, BAD DREAMS, FEARS, SORROW, STRESS, DEPRESSION, ANXIETY, AND OTHER PHYSICAL, MENTAL, EMOTIONAL AND VERBAL INJURIES ALONG WITH FINANCIAL SCARS AND WORRIES THAT WILL LAST ME FOR THE REST OF MY LIFE.

MCDONALD'S, CAUSES ME TO SUFFER FOR MEDICAL CARE, MEDICINE, PRESCRIPTION DRUGS, FOOD, CLOTHES, AND AN INCOME TO LIVE ON SO THAT MY PHYSICAL, EMOTIONAL, MENTAL, VERBAL, AND FINANCIAL SCARS AND WOUNDS WILL NEVER HEAL. I STILL SUFFER FROM HARD BLOWS TO MY HEAD, FACE, NECK, THROAT, BACK, SHOULDERS, THE LEFT PARTS OF MY BODY, THE RIGHT PARTS OF MY BODY, HIPS, HIP BONES, LEGS, CHEMICAL CONTAMINATIONS, ALLERGIC REACTIONS, AND FROM BACTERIAL INFECTIONS THAT FLOATS THROUGHOUT MY ENTIRE BODY.

I HAVE TROUBLE WALKING, STANDING, SITTING, DRIVING, READING, WRITING, USING THE LEFT SIDE OF MY BODY, USING THE RIGHT SIDE OF MY BODY, BREATHING, SLEEPING, EATING, CONCENTRATING, AND FROM OTHER JOB INJURIES ON A DAILY BASIS.

TO: TROY REGIONAL MEDICAL CENTER  
TROY REGIONAL MEDICAL LAB  
TROY/PIKE INTERNAL MEDICINE  
AND  
LAB ONE

FROM: MISS MARGIE FLORENCE BARROW  
DATE: SEPTEMBER 28, 2005

SUBJECT: TROY REGIONAL MEDICAL CENTER FORCED AND THEY  
TRICKED ME INTO SIGNING A FALSE, MISLEADING, UNTRUE,  
AND INACCURATE LAB ONE SHEET ON ME THAT HAS 38389914  
ON IT FOR AN ID NUMBER

TROY REGIONAL MEDICAL CENTER TOOK ADVANTAGE OF ME AND MY  
ILLNESSES WHEN THEY FORCED AND TRICKED ME INTO SIGNING THIS LAB  
SHEET AFTER THEY MADE ME HAVE A DRUG TEST WHILE I WAS IN SEVERE  
PAIN AND I WAS SUFFERING TO NO AVAIL FROM INJURIES TO MY HEAD  
AND OTHER BODILY INJURIES THAT I RECEIVED WHILE WORKING ON THE  
JOB AT MACDONALD'S IN TROY, ALABAMA.

THE LAB SHEET WAS NEVER SHOWN, READ OR EXPLAINED TO ME BEFORE  
THEY MADE ME HAVE THE DRUG TEST, THEY FILLED THE FORM OUT ON  
ME BEHIND MY BACK AND IT WERE NEVER SHOWN, READ OR EXPLAINED  
TO ME BEFORE THEY MADE ME SIGN THE FORM AT TROY REGIONAL  
MEDICAL CENTER IN TROY, ALABAMA ON SEPTEMBER 27, 2005 AT  
APPROXIMATELY 9:30 P.M.

AS A DONOR, THE COLLECTORS, GAVE ME NO INSTRUCTIONS ABOUT THIS  
LAB SHEET TO NO ENDLESS AVAIL, THEY COLLECTED NO TYPE OF DONOR  
IDENTIFICATION INFORMATION FROM ME AND THEY COLLECTED NO  
PICTURE ID FROM ME WHEN THEY FILLED THIS FORM OUT ON ME AND  
THEY NEVER TOLD ME THAT THEY WERE FILLING THIS FORM OUT ON ME  
UNTIL AFTER THEY MADE ME HAVE THE DRUG TEST AND UNTIL AFTER  
THEY TRICKED ME INTO SIGNING THE LAB SHEET.

TROY REGIONAL MEDICAL CENTER AND THE COLLECTORS TOOK  
ADVANTAGE OF ME/MY ILLNESSES WHEN THEY FORCED AND TRICKED ME  
INTO SIGNING FALSE STATEMENTS ON THIS FORM WHEN I WAS HARDLY  
CONSCIOUS AND I WAS TOO SICK TO KNOW WHAT WAS GOING ON.



THE COLLECTORS DID NOT SHOW ME MY SPECIMAN (S) OR ANYBODY'S SPECIMEN (S) SEALED WITH THE SEALED ID NUMBER THAT IS LISTED ON THIS LAB SHEET THAT THEY GAVE TO ME.

I CANNOT CERTIFY THAT THE SPECIMEN (S) SEALED WITH THE ABOVE SPECIMEN ID NUMBER WAS PROVIDED BY ME ON THIS DATE AND SPECIMEN (S) HAS NOT BEEN ALTERED BECAUSE THE COLLECTORS DID NOT LET ME SEE THEM COLLECT MY SPECIMEN (S) AND THEY DID NOT LET ME SEE THEM SEAL MY SPECIMEN (S) WITHIN MY PRESENCE AT ALL. THE COLLECTORS DID NOT LET ME SEE A SEALED SPECIMEN (S) FOR ME OR ANYBODY ELSE AND THEY SHOWED ME NO SEALED SPECIMEN FOR MYSELF OR ANYBODY ELSE WITH THE ID NUMBER THAT IS ON THIS LAB SHEET.

THE COLLECTORS DID NOT COLLECT AND SEAL MY SPECIMEN (S) OR ANYBODY'S SPECIMEN (S) WITHIN MY PRESENCE, I LEFT MY SPECIMEN INSIDE OF THE TOILET STOOL IN THE BATHROOM AT TROY REGIONAL MEDICAL CENTER AND THE NURSES SAID THAT THEY WOULD TAKE CARE OF IT BECAUSE I ASKED THEM WHAT WERE THEY GOING TO DO WITH MY SPECIMEN. I DO NOT AUTHORIZE TROY REGIONAL MEDICAL CENTER, THE COLLECTORS AND THE TESTING SERVICE OR LABORATORY TO RELEASE THE RESULTS OF THE TEST TO THE COMPANY/EMPLOYER OR THEIR DESIGNEE. I ASK THAT MY SIGNATURE AND THE DATE THAT I LISTED ON THIS LAB SHEET BE CANCELLED IMMEDIATELY!

I BELIEVE THAT TROY REGIONAL MEDICAL CENTER AND THE COLLECTORS VIOLATED MY CIVIL RIGHTS, HUMAN RIGHTS, CONSTITUTIONAL RIGHTS AND MY RIGHTS AS A PATIENT WHEN THEY TOOK ADVANTAGE OF ME AND MY ILLNESSES WHEN THEY MADE ME HAVE A DRUG TEST AND THEY MADE ME SIGN THIS LAB SHEET WHEN I WAS HARDLY CONSCIOUS AND I HAD JUST RECEIVED TERRIBLE INJURIES TO MY HEAD AND TO OTHER PARTS OF MY BODY.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_





P.O. Box 1009  
Ozark, AL 36361  
(334) 774-2709

### DRUG-FREE WORKPLACE

No Worker's Compensation benefits shall be allowed for any employee who refuses to submit or to cooperate with a blood or urine test following an on-the-job injury in which the employee was injured. Also, testing positive following a drug screen can result in a forfeiture of Worker's Compensation benefits.

### AUTHORIZATION FOR WORKER'S COMPENSATION TREATMENT RETURN TO WORK FORM

Following treatment of this employee, please complete this form and give to the employee to return to Manager.

McDonald's store # 3158

Manager on Duty Signature: Barbara Jones Phone: 566-5874

Injured Employee: Margie Barriault Date: 9-27-05

Physician or Facility authorized for treatment: Troy Regional Medical  
Address: \_\_\_\_\_

Appointment Date: 9-27-05 Time: 20:47

#### TO BE COMPLETED BY PHYSICIAN

Treated for: Contusion (R) Shoulder / hip

May resume regular work immediately ☒ Yes ☐ No

If no, complete the following:

Employee needs to see a specialist ☐ Yes ☐ No

Recommended Specialist \_\_\_\_\_ Phone: \_\_\_\_\_

Date/Time/Location of Appointment \_\_\_\_\_

May resume work immediately with the following limitations(circle appropriate condition):

- ☒ 1. Sitting Only-No lifting or standing up duties. (Taking orders while seated on a stool or similar tasks which can be performed while seated.)
- ☐ 2. Sedentary Work-Lifting 10 lbs. maximum with occasional lifting and/or carrying. Involves sitting, occasional walking and standing.
- ☐ 3. Light Work-Lifting 20 lbs. maximum with frequent lifting and /or carrying of objects weighing up to 10 lbs. Sitting most of the time with a small degree of pushing and pulling or arm and/or leg controls, or when it requires walking or standing to a significant degree.
- ☐ 4. Medium Work-Lifting 50 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 25 lbs.

Other: \_\_\_\_\_

Return for further treatment on: \_\_\_\_\_

Physicians Signature: J. Roberts Date: 9/27/05

THIS FORM MUST BE RETURNED TO STORE MANAGEMENT THE SAME DAY OF TREATMENT PRIOR TO SEEING AN ADDITIONAL PHYSICIAN.

ALABAMA OPERATORS SELF-INSURERS FUND

P.O. BOX 1009  
OZARK, AL 36361

## Emergency Medical Run Report

☐ NON-EMERGENCY ☐ O.C.L.

|                                                                             |            |        |                     |                    |                       |             |
|-----------------------------------------------------------------------------|------------|--------|---------------------|--------------------|-----------------------|-------------|
| Incident Date<br>11-17-05                                                   | Incident # | Run #  | Service Name<br>HAS | State ID #<br>268  | Unit # / Shift<br>122 | Canceled By |
| Call Location<br>McDonnells                                                 |            |        | Call Type<br>Fall   | Call Method<br>911 |                       | TIMES       |
| Patient Info                                                                |            |        |                     |                    |                       |             |
| Name<br>Margie Barrow                                                       | Age        | D.O.B. | Gender              | Telephone          | Call Received         |             |
| Address                                                                     | SSN #      | Race   |                     | Private            | Dispatched            |             |
| City, State Zip                                                             | Phone      |        |                     | Police Department  | Enroute               |             |
|                                                                             |            |        |                     | Sheriff Office     | Location / On Scene   |             |
|                                                                             |            |        |                     | State Trooper      | Transport             |             |
| Medical History                                                             |            |        |                     |                    |                       |             |
| Current Medications                                                         |            |        |                     |                    |                       |             |
| <input type="checkbox"/> Brought With Patient <input type="checkbox"/> None |            |        |                     |                    |                       |             |
| <input type="checkbox"/> List Attached <input type="checkbox"/> Unknown     |            |        |                     |                    |                       |             |
| Allergies <input type="checkbox"/> None <input type="checkbox"/> Unknown    |            |        |                     |                    |                       |             |
| Medical History                                                             |            |        |                     |                    |                       |             |
| None                                                                        |            |        |                     |                    |                       |             |
| Allergies                                                                   |            |        |                     |                    |                       |             |
| Asthma                                                                      |            |        |                     |                    |                       |             |
| Cardiac                                                                     |            |        |                     |                    |                       |             |
| COPD                                                                        |            |        |                     |                    |                       |             |
| Diabetes                                                                    |            |        |                     |                    |                       |             |
| HTN                                                                         |            |        |                     |                    |                       |             |
| Resp. Fail                                                                  |            |        |                     |                    |                       |             |
| Other                                                                       |            |        |                     |                    |                       |             |
| Unknown                                                                     |            |        |                     |                    |                       |             |
| AMS/Behav                                                                   |            |        |                     |                    |                       |             |
| Cancer                                                                      |            |        |                     |                    |                       |             |
| CHF                                                                         |            |        |                     |                    |                       |             |
| CVA                                                                         |            |        |                     |                    |                       |             |
| Drug / Alch                                                                 |            |        |                     |                    |                       |             |
| Renal Fail                                                                  |            |        |                     |                    |                       |             |
| Seizure                                                                     |            |        |                     |                    |                       |             |
| Other                                                                       |            |        |                     |                    |                       |             |

|                                                               |       |            |      |                |           |            |  |                          |       |               |               |               |                  |
|---------------------------------------------------------------|-------|------------|------|----------------|-----------|------------|--|--------------------------|-------|---------------|---------------|---------------|------------------|
| Chief Complaint<br>(R) hip pain (R) shoulder pain N/A 2° fall |       |            |      |                |           |            |  |                          |       |               |               |               |                  |
| AVPU Scale                                                    |       | Speech     |      | Skin           |           | Color      |  | Respirations             |       | Pulse         |               | Pupils        |                  |
| Alert                                                         |       | Coherent   |      | Normal         |           | Normal     |  | Normal                   |       | Normal        |               | P.E.A.R.L.    |                  |
| Voice                                                         |       | Incoherent |      | Moist          |           | Cyanotic   |  | Crowing                  |       | Rapid         |               | Dilated       | L / R            |
| Pain                                                          |       | Hysterical |      | Dry            |           | Pale       |  | Distressed               |       | Slow          |               | Fixed         | L / R            |
| Unresponsive                                                  |       | Slurred    |      | Hot            |           | Flushed    |  | Irregular                |       | Regular       |               | Unequal       | L / R            |
| Combative                                                     |       | Silent     |      | Cool           |           | Ashen      |  | Absent                   | L / R | Irregular     |               | Pinpoint      | L / R            |
| Deceased                                                      |       | Abusive    |      | Other          |           | Jaundice   |  | Other                    |       | Weak, Thready |               | Sluggish      | L / R            |
| Other                                                         |       | Other      |      | Other          |           | Other      |  | Absent                   |       | Absent        |               | Blind         | L / R            |
| TIME                                                          | PULSE | RESP       | SAO2 | BLOOD PRESSURE |           | Procedure  |  | Medication / IV Solution |       | Route         | Dosage / Rate | Medic 1/2/3/4 | Notes / Comments |
|                                                               | 76    | 26         |      | Systolic       | Diastolic | Vitals     |  |                          |       |               |               |               |                  |
|                                                               |       |            |      |                |           | Spine pkg. |  |                          |       |               |               |               |                  |
|                                                               |       |            |      |                |           |            |  |                          |       |               |               |               |                  |
|                                                               |       |            |      |                |           |            |  |                          |       |               |               |               |                  |
|                                                               |       |            |      |                |           |            |  |                          |       |               |               |               |                  |

## NARRATIVE

called to 9 ref. fall pt lying supine in back kitchen area of McDonnells. Observed very slick - greasy floor - laid sheets down for better grip. pt d/o r3 states she tripped over crab in middle of floor - then slipped on greasy floor landing on (R) side. w/ hip pain (R) shoulder pn. & N/A (R) LOC. Calla cried & pt held pt moved LSB. Flips PERK neck edel. Comes pn. (chest BSB CTA. To pn (H) rib margin. (R) shoulder pn w/ x me movement. SKN soft & tenses pn. (H) pn (R) hip. & bl pn s/r 4 vital movement. (R) leg appears shorter w/ rotation back - (R) pn (R) back. Vitals

|                                                        |                                                                                                                                     |                                              |                                               |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------|
| PERSON RECEIVING PATIENT<br>x R. Ball                  | DATE                                                                                                                                | PATIENT / DISPOSITION<br>TRANSPORTED BY 7 TO | CREW MEMBER 1<br>NUMBER 1<br>cm Ball 97001/85 |
| AUTHORIZING PHYSICIAN<br>DATE                          | PATIENT OUTCOME<br><input type="checkbox"/> IMPROVED<br><input type="checkbox"/> NO CHANGE<br><input type="checkbox"/> DETERIORATED | CREW MEMBER 2<br>NUMBER                      |                                               |
| MEDICAL CONTROL #                                      |                                                                                                                                     | CREW MEMBER 3<br>NUMBER                      |                                               |
| I HAVE RECEIVED A COPY OF THIS AGENCIES PRIVACY POLICY |                                                                                                                                     | CREW MEMBER 4<br>NUMBER                      |                                               |
| SIGNATURE                                              | DATE                                                                                                                                |                                              |                                               |

THIS IS TO CERTIFY THAT I AM REFUSING TREATMENT / TRANSPORT AND HAVE BEEN INFORMED OF THE RISKS OF DOING SO.

**Troy Regional Medical Center  
Medical Records Request Form**

To: MELISSA

Date Completed: \_\_\_\_\_

From: RHONDARequestor's Ext.: 5415Date Requested: 10/03/2005

Hosp. Service Code/Dept: \_\_\_\_\_

Patient Name: MARGIE BARROWAdmit/Discharge Dates: 09/27/2005 *ER*Account # 7019630Medical Record # 16992Account Balance: \$1,836.00

|                                      |
|--------------------------------------|
| <b>Medical Record Copy Requests:</b> |
|--------------------------------------|

ER Report ☒ X

|                                   |
|-----------------------------------|
| <b>Check appropriate request:</b> |
|-----------------------------------|

1st Request: ☒ X

2nd Request: \_\_\_\_\_

3rd Request: \_\_\_\_\_

**Medical Records:**

\*Abstract only \_\_\_\_\_

\*Entire Chart \_\_\_\_\_

\*Other \_\_\_\_\_ (describe below)

Please send to:

Company: **W/C MCDONALDS**Address: **1126 HWY 231**Address: **LUVERNE, AL 36009**

Attention: \_\_\_\_\_

**SEND AIRBORNE EXPRESS, SECOND DAY DELIVERY**

Airborne Express Account #: 166884588

**REQUIRE SIGNATURE UPON RECEIPT FOR TRACKING PURPOSES.**

Explain inquiry in detail:

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**TROY REGIONAL MEDICAL CENTER  
1330 HWY 231 S., TROY, AL 36081**

**RADIOLOGY REPORT**

| NAME            | NUMBER  | SEX | AGE | XRAY# | CHART# | TYPE | RM |
|-----------------|---------|-----|-----|-------|--------|------|----|
| BARROW MARGIE F | 7019630 | F   | 52  | 9369  | 16992  | ER   |    |

DOB: 10-1-52  
DATE OF EXAM: 9-27-05  
DICTATED: 9-28-05/1053 TRANSCRIBED: 9-28-05/1200/NRH  
EXAM: RT SHOULDER/HIP/PELVIS  
PHYSICIAN: ROBLEDO

**CLINICAL HISTORY: INJURY**

**AP VIEW, AP VIEWS WITH INTERNAL AND EXTERNAL ROTATION AND TANGENTIAL VIEWS OF RIGHT SHOULDER:** No fracture or dislocation is evident on the study. There is very mild degenerative process. No other significant findings are seen.

**AP AND OBLIQUE VIEWS OF RIGHT HIP:** There are very mild osteoarthritic changes of the right hip. No fracture, dislocation or evidence of calcific bursitis is seen. No other significant findings are noted.

**AP VIEW OF PELVIS:** There is some soft tissue fullness within the pelvic area and mild prominence of intestinal content. No pelvic fracture is seen. There is a small sclerotic area within the proximal metaphysis of the left femur presumed a bone island. There are degenerative changes at the lumbosacral junction. No other significant findings are seen.



**T. L. EAKES, M.D.  
ROENTGENOLOGIST**



## HAYNES AMBULANCE MEDICAL SERVICES

Billing Department  
2530 East Fifth Street  
P.O. Box 70425

Montgomery, Alabama 36107

Toll-Free 1-800-231-8304 (AL Only) Local Office (334) 241-5220

Date: 9-27-05Branch: TroyPatient Name: Margie Barras  
First LastAddress: 654 Henderson RD-Apt 1 Phone: ( ) 566-4403City: Troy State: AL Zip: 36081Age: 52 Sex: F D.O.B.: 10-1-52 Social Security #: 4116-78-7543Employed By: McDonalds Phone: ( )Employer Address: Hwy 231 City: Troy State: AL Zip:Responsible Party/Contract: Employer / Workers Comp Phone: ( )

Address: City: State: Zip:

Transported From: McDonalds Zip To: Troy regionalOdometer From: 061 Odometer To: 062Driver: Daugherty Level: P Emp.#: 446 Unit #: 122Attendant: Bella Level: P Emp.#: 426 Method Received: 911Doctor of Patient: RebhedoPrimary Complaint This Date: Hip pn, Back pn, Shoulder pn H/A 2° fallMedical Reason For Ambulance Transport: stretcher, spine pkg.

|                                      | BASE                       | MILEAGE | MILEAGE RATE | MILEAGE AMOUNT | OXYGEN | OTHER | TOTAL |
|--------------------------------------|----------------------------|---------|--------------|----------------|--------|-------|-------|
| BLS ALS-1 ALS-2                      |                            | 1       |              |                |        |       |       |
| BLS-E ALS-1-E SCT                    |                            |         |              |                |        |       |       |
| Amount Paid CASH CHECK CREDIT CARD # | AMOUNT DUE: <u>\$482.4</u> |         |              |                |        |       |       |

| Supplies Used |      |          |      |
|---------------|------|----------|------|
| Quantity      | Item | Quantity | Item |
|               |      |          |      |
|               |      |          |      |
|               |      |          |      |
|               |      |          |      |

Sep 28 05 08:08a

ERMC Admissions Schedule 334 670 5220

| TROY REGIONAL MED CENTER<br>SUMMARY SHEET                                                                        |                                             |                                                                                            |                                | ADV<br>Y                                                                | CHART #<br>16992          |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|---------------------------|
| PAT #<br>7019630                                                                                                 | I/P-O/P<br>O                                |                                                                                            |                                |                                                                         |                           |
| PATIENT NAME & ADDRESS<br>BARROW MARGIE F<br>654 HENDERSON RD APT 1<br>TROY AL<br>360810000<br>PH 334-566-4403   |                                             | BIRTH DATE AND PLACE<br>10/01/52                                                           |                                | AGE<br>52                                                               | PATIENT SSN<br>[REDACTED] |
|                                                                                                                  |                                             | OCCUPATION<br>CASHIER                                                                      | SEX<br>F                       | RACE<br>B                                                               | STATUS<br>S               |
|                                                                                                                  |                                             | REL<br>U                                                                                   | DISC DATE TIME<br>9/27/05 2052 |                                                                         | SERVICE<br>EOP            |
| GUARANTOR NAME & ADDRESS<br>BARROW MARGIE F<br>654 HENDERSON RD APT 1<br>TROY AL<br>360810000<br>PH 334-566-4403 |                                             | IN CASE OF EMERGENCY<br>SHIPMON ENTEL<br>TROY AL<br>36081 PH 334-566-4403<br>REL SH        |                                | CONTACT<br>JONES ROBERT<br>TROY AL<br>36081 PH 334-566-9349<br>REL SHP: |                           |
| PATIENT EMPLOYER<br>MCDONALDS<br>1126 HWY 231<br>TROY AL<br>360810000<br>PH 334-566-5874                         |                                             | GUARANTOR EMPLOYER<br>MCDONALDS<br>1126 HWY 231<br>TROY AL<br>360810000<br>PH 334-566-5874 |                                | FINANCIAL CLASS<br>WORKERS COMP<br>GUARANTOR SSN<br>[REDACTED]          |                           |
|                                                                                                                  |                                             |                                                                                            |                                | DISCHARGE STATUS ( )                                                    |                           |
| PLAN<br>2                                                                                                        | PAYOR AND ADDRESS 1<br>WORKERS COMPENSATION | NAME OF INSURED/ADDRESS 2<br>BARROW MARGIE F                                               |                                | POLICY#/ADDR3/GROUP#<br>416787543                                       |                           |
| ADMITTING DIAGNOSIS<br>FALL                                                                                      |                                             | PHYSICIAN<br>ROBLEDO ADOLFO MD                                                             |                                | SIGNATURE (PARENT/GUARDIAN)                                             |                           |
| PRINCIPAL DIAGNOSIS:                                                                                             |                                             |                                                                                            |                                |                                                                         |                           |
| COMPLICATION/COMORBIDITY:                                                                                        |                                             |                                                                                            |                                |                                                                         |                           |
| SECONDARY DIAGNOSIS:                                                                                             |                                             |                                                                                            |                                |                                                                         |                           |
| PRINCIPAL PROCEDURE:                                                                                             |                                             |                                                                                            |                                |                                                                         |                           |
| OTHER PROCEDURES:                                                                                                |                                             |                                                                                            |                                |                                                                         |                           |

DATE: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

PATIENT: Margie Barrow

MEDICARE NUMBER: \_\_\_\_\_

**\*\*\*Medicare Part B (STATEMENT FOR PAYMENT OF MEDICARE BENEFITS):** I request that payment of authorized Medicare benefits be made either to me or on my behalf to Haynes Ambulance for any services or items furnished to me by Haynes Ambulance. I authorize any holder of Medical Information about me to release to Centers for Medicare & Medicaid Services (CMS) and its agents any information needed to determine these benefits or the benefits payable for related services.

\_\_\_\_ Primary \_\_\_\_ Secondary \_\_\_\_ UMW \_\_\_\_ Railroad Retirement \_\_\_\_ HMO/PPO \_\_\_\_ Private Funded Medicare

X \_\_\_\_\_ (By initialing, you have read and understand the statement above).

**Lifetime Signature Authorization:** I request that payment of authorized Medicare benefits be made either to me or on my behalf to Haynes Ambulance Corporate Billing Office at 2530 East Fifth Street, Montgomery, Alabama 36107, for any ambulance services and supplies furnished to me by Haynes Ambulance. I authorize any holder of Medicare information about me to release to the Centers for Medicare & Medicaid Services (CMS) and its agents and carriers, as well as Haynes Ambulance Corporate Billing Office, 2530 East Fifth Street, Montgomery, Alabama 36107, any information or documentation in their possession needed to determine these benefits or the benefits payable for related services, now or in the future.

X \_\_\_\_\_ (By initialing, you have read and understand the statement above).

Alabama Medicaid Agency: \_\_\_\_\_ (13 DIGITS REQUIRED) Verified if current? \_\_\_\_\_

**PRIVATE INSURANCE:** \_\_\_\_ Primary \_\_\_\_ Secondary \_\_\_\_ Workers Compensation Information \_\_\_\_ Automobile (get copies of card(s) front and back for address and instructions)

\_\_\_\_ No insurance was indicated at the time of service by this beneficiary. Should insurance become retroactively available, all authorization contained to this form are enacted.

\_\_\_\_ No photocopy of cards were available at the time of service. Explain: \_\_\_\_\_

Company: \_\_\_\_\_ State: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

Contract # \_\_\_\_\_ Group # \_\_\_\_\_ Relationship of policy holder to patient: Self Spouse Child Other

I authorize and request that assignment of all insurance benefits for any and all insurance coverage available be made to Haynes Ambulance who accepts assignment for any services or items furnished to me. I authorize any holder of medical information about me, to release to the insurance carrier or agent(s) listed below, any information needed to determine these benefits or the benefits payable for related services. I further authorize my insurance carrier to furnish all information they have about this claim to Haynes Ambulance.

(By initialing, you have read and understand the statement above).

**ACCEPTANCE OF NOTICE OF PRIVACY PRACTICES:** I hereby acknowledge that I have been provided with a copy of Haynes Ambulance's Notice of Privacy Practices on this date. You may obtain an additional copy by visiting our website at [www.haynesambulance.com](http://www.haynesambulance.com) or by sending a written request to Haynes Ambulance, Privacy Officer, 2530 East Fifth Street, Montgomery, AL 36107.

X \_\_\_\_\_ (By initialing, you have read and understand the statement above).

The signature of the beneficiary or the acceptance of EMS services from Haynes Ambulance constitutes an agreement of payment. In consideration for services rendered, the beneficiary agrees to reimburse Haynes Ambulance for all services including all applicable deductible, co-payment, and nonallowed charges, including such payments that remain unpaid after public or private insurance pays. Acknowledgement is made that Haynes Ambulance shall have cause under the contract laws of the State of Alabama to enforce the implied service contractual arrangement and payment may be recouped by property liens, small claims court proceedings, or other legal means. Persons other than the beneficiary, spouse, or guardian of beneficiary are not responsible for payment. Their signature confirms only that the service was provided and the beneficiary was not capable of signing but agreed to be transported. Responsibility for payment is with the person receiving and accepting the services and their legal responsible parties. The signature agrees that all costs of collection will be added to the delinquent balances due. This included cost of all collection fees, attorney fees, or court cost required in the process of collecting a delinquent account. The beneficiary hereby waives all rights to exemptions as to personal property stipulated under the Constitution of the State of Alabama. Failure to make a reasonable monthly payment may result in collection action.

**WARNING:** It is illegal to supply insurance information when the policy is not in effect at the time of service. It is called theft of services. Your signature verifies that all above insurance is in effect.

X \_\_\_\_\_ Date: 9/27/05

By signing this line, you are stating you have read and understand all the statements above.

Signature of Beneficiary or Representative Person must be related if beneficiary does not sign Relationship of signer to Beneficiary: Self Parent Spouse Child Sibling Other \_\_\_\_\_

Address of person signing for Beneficiary: \_\_\_\_\_

Reason Beneficiary Unable to Sign: \_\_\_\_ Too Ill \_\_\_\_ Deceased at Scene \_\_\_\_ Minor \_\_\_\_ Mentally Impaired

Other (Explain) DN

| Emergency Medical Run Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |             |                                                                                    |                                        |                        |                                              |                     |                    |               | <input type="checkbox"/> NON-EMERGENCY <input type="checkbox"/> O.C.L. |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|------------------------------------------------------------------------------------|----------------------------------------|------------------------|----------------------------------------------|---------------------|--------------------|---------------|------------------------------------------------------------------------|--|
| Incident Date<br>9-27-05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Incident # | Run #<br>11 | Service Name<br>HAS                                                                |                                        | State ID #<br>268      | Unit # / Shift<br>122                        | Canceled By         |                    |               |                                                                        |  |
| Call Location<br>McDannalds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |             | Call Type<br>Fall                                                                  |                                        | Call Method<br>911     |                                              | TIMES               |                    |               |                                                                        |  |
| Patient Info                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |             | Name<br>Margie Barrow                                                              |                                        | Age<br>52              | D.O.B.<br>10-1-52                            | Gender<br>F         | Telephone          | Call Received | 2035                                                                   |  |
| Address<br>654 Henderson RD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |             | City, State Zip<br>Tracy AL 36081                                                  |                                        | Race<br>BI             |                                              | Private             | Dispatched         | 2035          |                                                                        |  |
| Medical History                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             | 566-4403                                                                           |                                        | Police Department      |                                              | Sheriff Office      | Enroute            | 2035          |                                                                        |  |
| Current Medications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |             | <input type="checkbox"/> Brought With Patient <input type="checkbox"/> None        |                                        | State Trooper          |                                              | Location / On Scene | Transport          | 2048          |                                                                        |  |
| Allergies <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |             | <input type="checkbox"/> List Attached <input checked="" type="checkbox"/> Unknown |                                        | Destination / Hospital |                                              | In Service          | 2051               |               |                                                                        |  |
| Medical History                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             | None                                                                               |                                        | Mileage                |                                              | Miles To Scene      | 061                |               |                                                                        |  |
| Allergies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |             | Unknown                                                                            |                                        | Miles From Scene       |                                              | 062                 |                    |               |                                                                        |  |
| Run Info                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |             |                                                                                    |                                        |                        |                                              |                     |                    |               |                                                                        |  |
| Chief Complaint<br>(R) hip pain (R) shoulder pain N/A 2° fall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |             |                                                                                    |                                        |                        |                                              |                     |                    |               |                                                                        |  |
| AVPU Scale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Speech      |                                                                                    | Skin                                   |                        | Color                                        |                     | Respirations       |               | Pulse                                                                  |  |
| Alert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Coherent    |                                                                                    | Normal                                 |                        | Normal                                       |                     | Normal             |               | PEARL                                                                  |  |
| Voice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Incoherent  |                                                                                    | Moist                                  |                        | Cyanotic                                     |                     | Crowing            |               | Dilated L / R                                                          |  |
| Pain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Hysterical  |                                                                                    | Dry                                    |                        | Pale                                         |                     | Distressed         |               | Fixed L / R                                                            |  |
| Unresponsive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Slurred     |                                                                                    | Hot                                    |                        | Flushed                                      |                     | Irregular          |               | Unequal L / R                                                          |  |
| Combative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | Silent      |                                                                                    | Cool                                   |                        | Ashen                                        |                     | Absent L / R       |               | Pinpoint L / R                                                         |  |
| Deceased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Abusive     |                                                                                    | Other                                  |                        | Jaundice                                     |                     | Other              |               | Sluggish L / R                                                         |  |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Other       |                                                                                    | Other                                  |                        | Other                                        |                     | Other              |               | Blind L / R                                                            |  |
| TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PULSE      | RESP        | SAO2                                                                               | BLOOD PRESSURE                         |                        | Medication / IV Solution                     |                     | Route              | Dosage / Rate | Medic 1/2/3/4                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 76         | 26          |                                                                                    | Systolic                               | Diastolic              | Procedure                                    |                     |                    |               |                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             |                                                                                    | 180                                    | P                      | Vitals                                       |                     |                    |               |                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             |                                                                                    |                                        |                        | spine pkg.                                   |                     |                    |               |                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             |                                                                                    |                                        |                        |                                              |                     |                    |               |                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             |                                                                                    |                                        |                        |                                              |                     |                    |               |                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             |                                                                                    |                                        |                        |                                              |                     |                    |               |                                                                        |  |
| NARRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |             |                                                                                    |                                        |                        |                                              |                     |                    |               |                                                                        |  |
| <p>called to 9 ref. fall pt lying supine in back kitchen area of McDannalds. Observed very slick-greasy floor-laid sheets down for better grip. pt d/o r3 states she tripped over crate in middle of floor &amp; then slipped on greasy floor landing on (R) side. d/o hip pain (R) shoulder pain &amp; N/A. LOC. Callers applied C-spine held pt moved LSB. Euph PERL well &amp; def. Denies pu. Chest BSB CTA. c/o pu (R) rib margin. c/o (R) shoulder pu w/ some movement. ABD soft &amp; denies pu. (+) pu (R) hip. Ext. Pu s x 4 normal movement. (R) leg appears shorter w/ rotation back-c/o pu w/ (R) back-Vitals for</p> <p>transported to TRMC ER on 9/27/05</p> |            |             |                                                                                    |                                        |                        |                                              |                     |                    |               |                                                                        |  |
| AUTHORIZING PHYSICIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | DATE        |                                                                                    | P.O.V.                                 |                        | TRANSPORTED BY / TO                          |                     | CREW MEMBER 1      |               |                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             |                                                                                    | <input type="checkbox"/> REFUSED       |                        | Tray regional                                |                     | cm. Balla 97004/85 |               |                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             |                                                                                    | <input type="checkbox"/> AMBULANCE / E |                        | PATIENT OUTCOME                              |                     | CREW MEMBER 2      |               |                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             |                                                                                    | <input type="checkbox"/> HEARSE / DFS  |                        | <input checked="" type="checkbox"/> IMPROVED |                     | 8932477            |               |                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             |                                                                                    | <input type="checkbox"/> OTHER         |                        | <input type="checkbox"/> NO CHANGE           |                     | CREW MEMBER 3      |               |                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             |                                                                                    | <input type="checkbox"/> NONE          |                        | <input type="checkbox"/> DETERIORATED        |                     | CREW MEMBER 4      |               |                                                                        |  |
| MEDICAL CONTROL #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |             |                                                                                    |                                        |                        |                                              |                     |                    |               |                                                                        |  |
| I HAVE RECEIVED A COPY OF THIS AGENCIES PRIVACY POLICY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |             |                                                                                    |                                        |                        |                                              |                     |                    |               |                                                                        |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |             |                                                                                    |                                        |                        |                                              |                     |                    |               |                                                                        |  |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |             |                                                                                    |                                        |                        |                                              |                     |                    |               |                                                                        |  |
| THIS IS TO CERTIFY THAT I AM REFUSING TREATMENT / TRANSPORT AND HAVE BEEN INFORMED OF THE RISKS OF DOING SO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |             |                                                                                    |                                        |                        |                                              |                     |                    |               |                                                                        |  |





October 17, 2005

Margie Barrow  
654 Henderson Road  
Apartment #1  
Troy, AL 36081

Dear Ms. Barrow,

Thank you for sharing your concerns with us regarding your recent visit to our Emergency Room. Your concerns are very important to us, as you are a valued customer. I am disappointed that we did not meet your needs. Please be aware that we are making every effort to ensure that your concerns are addressed and that the appropriate action is taken to avoid recurrence.

I sincerely appreciate you taking the time to report your concerns so that we have the opportunity to improve our customer service. Your action shows us that you value your community hospital and that you want us to succeed in being the best that we can be.

If there are any questions that I can help answer, please do not hesitate to call me at 334-670-5000. Again we appreciate you and we thank you for your business.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Benton L. Busbee'.

Benton L. Busbee, PhD., FAAMA  
Chief Executive Officer  
Troy Regional Medical Center

Pike County DHR

P.O. Box 986

Troy, AL 38061

COUNTY DEPARTMENT OF HUMAN RESOURCES

Phone # 807-6144

FAX # 807-6171

## EMPLOYMENT/LOSS OF WORK /INCOME VERIFICATION

MacDonalds

2

RE: Employee Margie F. BarrowSS No. 416 78 7543

Case Name \_\_\_\_\_

Case ID # \_\_\_\_\_

Case #(s) FA FS 15899Worker L. Jones Date 11-16-05

## I. AUTHORIZATION FOR RELEASE OF INFORMATION

The above named person receives or has applied for assistance and earnings information is needed to determine eligibility. Your cooperation in providing the requested information is appreciated.

- A. ☐ Margie Florence Barrow Give the Department of Human Resources permission to verify my income.
- B. ☐ Authorization for release is conveyed by signature on required department forms which provide explanations of the Federally mandated use of social security numbers.

Please complete each section which has been marked on the front and back of this form.

☐ II. GENERAL WAGE INFORMATION

Please complete items checked with income information for \_\_\_\_\_

Month/Year

- A. ☐ Beginning date of employment \_\_\_\_\_
- B. ☐ Hours expected to work per week \_\_\_\_\_
- C. ☐ Wages per hour \_\_\_\_\_. If not paid hourly, wages per pay period \_\_\_\_\_
- D. ☐ Overtime hours expected per week \_\_\_\_\_. Wages per hour \_\_\_\_\_
- E. ☐ How often paid? ☐ weekly; ☐ bi-weekly; ☐ twice monthly; ☐ monthly; other \_\_\_\_\_
- F. ☐ Date 1<sup>st</sup> check actually received by employee \_\_\_\_\_. Date pay period ended \_\_\_\_\_
- G. ☐ Day of the week pay checks usually received by employee \_\_\_\_\_
- H. ☐ Is employee covered by a health insurance program? ☐ Yes ☐ No If yes, name of insurance company \_\_\_\_\_

☐ III. RECORD OF PAY

- ☐ Provide information as indicated which was or will be paid in the month(s) of Nov in the space below. If additional space is needed use Section V on the back of this form.
- ☐ Information for additional months. Please use Section V on the back of this form.
- \* Gross pay refers to the total wages earned before any deductions and includes the employee share of Social Security paid by the employer for the employee.
- \*\* Report tips/commissions separately if not included in gross pay.

| Pay Period<br>From - To | Date Pay<br>Received | Gross Pay | Hours Worked | Earned<br>Income Credit | Tips/<br>Commissions** |
|-------------------------|----------------------|-----------|--------------|-------------------------|------------------------|
|                         |                      |           |              |                         |                        |
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|                         |                      |           |              |                         |                        |

DHR-FAD-1532

Jan 2002

877-277-9110

LDN 927-05

2. Name of insurance company

Please complete with income information beginning with \_\_\_\_\_ and continuing to \_\_\_\_\_

Date Completed \_\_\_\_\_

MISS MARGIE FLORENCE BARROW  
654 HENDERSON DRIVE, APARTMENT 1  
TROY, ALABAMA 36081

MARCH 15, 2006

MS. AMY ARCHER AND  
GALLAGHER BASSETT SERVICES  
P.O. BOX 660129  
TROY, ALABAMA 35266

DEAR MS. ARCHER:

THIS LETTER CONFIRMS YOU AND GALLAGHER BASSETT SERVICES SYSTEMATIC PATTERNS AND PRACTICES OF PREMEDITATED-PLOTTED AND WELL PLANNED MEAN, RACIST, NASTY, RUDE, HARASSING, HUMILIATING, INTIMIDATING, HOSTILE THREATS, AND OFFENSIVE REMARKS THAT YOU ALL MADE TO A THIRD PARTY ABOUT ME AND MY WORKER'S COMPENSATION CLAIM WITH MCDONALD'S ON OR ABOUT FEBRUARY 6 OR 7, OF 2006.

BEING SYSTEMATIC WHITE MASTER SLAVERY TIME VICTIMS OF GALLAGEHR BASSETT SERVICES RACE BASED DISCRIMINATION, RACE BASED PROFILES AND OF A WHITE RACIST PERSON'S TROUBLED MIND, RACISM, AND A WHITE RACIST PERSON'S TROUBLED PROBLEMS, WE KNEW EXACTLY WHERE YOU AND GALLAGHER BASSETT SERVICES WERE COMING FROM ON OR ABOUT FEBRUARY 6 OR 7, OF 2006.

I WANT TO KNOW WHY YOU AND GALLAGHER BASSETT SERVICES STILL JUDGES US BLACK FOLKS BY THE COLOR OF OUR SKIN AND NOT BY THE CONTENT OF OUR CHARACTER, I AM JUST LIKE MRS. ROSA PARKS, I WANT TO KNOW WHY DO YOU FOLKS ALWAYS TREAT US THIS WAY, AND I WANT TO KNOW WHY DO YOU FOLKS STILL MAKE SLAVES AND NIGGERS OUT OF US BLACK FOLKS EVEN IN THESE DAYS?

I WANT TO KNOW WHY YOU AND GALLAGHER BASSETT SERVICES PUT YOURSELVES ABOVE THE LAWS OF THE UNITED STATES CONSTITUTION AND WHY HAVE YOU ALL REFUSED TO PROVIDE ME WITH WORKER'S COMPENSATION MEDICAL CARE, EXAMINATIONS, TREATMENTS, MEDICINE, PRESCRIPTION DRUGS AND A SALARY FOR MY LOSS OF INCOME FOR APPROXIMATELY FIVE MONTHS FOR MY JOB INJURIES AT MCDONALD'S ON SEPTEMBER 27, 2005?



MCDONALD'S ARE THE ONES WHO PROVIDED NO JOB TRAINING AND NO SUPERVISION FOR THEIR EMPLOYEES AND THEY ALLOWED THEIR EMPLOYEES TO RIP, RUN, AND PLAY AT WORK TO NO AVAIL. THEY ALLOWED THEIR OWN EMPLOYEES TO THROW FOOD, ICE, TOMATOES, MAYONNAISE, PICKELS, ONIONS, LETTUCE, HAMBURGER MEAT, CHICKEN, SALAD DRESSING, ICE CREAM, BREAD, MUSTARD, FISH AND OTHER FOODS ON THE KITCHEN FLOORS AND THEY CAUSED THEIR OWN FLOORS TO BE SLICK, SLIPPERY, GREASY AND WET.

MCDONALD'S ALLOWED THEIR OWN EMPLOYEES TO SPIT, PUKE, THROW UP IN, VOMIT AND MOP THE FLOORS IN THE CHEMICAL CONTAMINATED KITCHEN SINKS. IT WERE MCDONALD'S OWN EMPLOYEE WHO RIPPED, RAN, AND PLAYED ON THE JOB THAT BROKE A COMPUTERIZED CASH REGISTER WHICH CAUSED ME TO WORK FROM 5:00 p.m. TO ALMOST 5:00a.m. TWO DAYS IN A ROW. MCDONALD'S CAUSES AND FORCES ME TO HAVE COUNTLESS AND ENDLESS NIGHTMARES, MENTAL FLASHBACKS, BAD DREAMS, AND LIFE-THREATENING FEARS OF SORROW IN MY SLEEP THAT WILL LAST ME FOR A LIFE TIME.

MCDONALD'S IS RESPONSIBLE FOR MY ON THE JOB INJURIES, THEY CAUSED ME TO ALMOST BURST THE TOP OF MY FOREHEAD, WHOLE HEAD, MY BACK AND EVERY BONE IN MY BODY WIDE OPEN. I ALMOST BROKE MY ARMS, HIPS, BACK BONE, SHOULDER, SHOULDER BONES, COLLAR BONES, LEGS, AND EVERY BONE IN MY BODY.

MCDONALD'S LEFT THE PLASTIC BREAD TRAY LYING IN THE MIDDLE OF THE FLOOR. MCDONALD'S WAS RESPONSIBLE FOR THE FLOOR BEING SLICK, SLIPPERY, WET, AND GREASY WITH NASTY CHEMICAL CONTAMINATED WATER THAT HAD NOT BEEN CHANGED FOR DAYS, AND DAYS. MCDONALD'S IS RESPONSIBLE FOR THE FLOORS, SINKS, AND THE WHOLE KITCHEN BEING FULL OF CHEMICAL CONTAMINATIONS AND THEY ARE RESPONSIBLE FOR ME ALMOST GETTING KILLED WHILE I WAS IN THE LINE OF DUTY ON MY JOB.

MCDONALD'S CAUSED THE FLOORS TO BE SLICK, SLIPPERY, AND GREASY BECAUSE THEY MOPPED THE FLOORS WITH THE SAME NASTY, SLICK, GREASY AND DIRTY MOPS THAT THEY STORED IN THE MOPPING AREA THAT THEY WASHED GREASY FRENCH FRY STATION PARTS IN, DUMPED NASTY, SLICK, GREASY, AND DIRTY CLOROX TOWEL WATER IN THAT WERE FULL OF CHEMICALS AND CHEMICAL CONTAMINATIONS AND THAT THEY USED TO DUMP NASTY, SLICK, DIRTY, AND VERY GREASY MOP WATER IN THAT HADN'T BEEN CHANGED FOR DAYS, AND DAYS, AND THEY NEVER CLEANED OUT THE MOPPING STORAGE AREA.

MCDONALD'S IS RESPONSIBLE FOR ME GETTING HURT ON THE JOB BECAUSE THEY ALLOWED MISS TERRI HUSSEY, WHO WERE MY CREW MANAGER TO PLAY ON THE JOB, HARASS ME AND OTHER BLACK FOLKS, AND TO USE MCDONALD'S FOR A SEX SPOT, WHEN SHE SHOULD HAVE BEEN WORKING ON THE JOB AND SUPERVISING THE EMPLOYEES. MISS TERRI HUSSEY WERE FLIRTING WITH THE BLACK MEN, WHOM SOMETIMES WERE NOTHING BUT YOUNG TEENAGERS WHEN SHE SHOULD HAVE BEEN WORKING ON THE JOB.

MISS TERRI HUSSEY LAUGHED, PLAYED, AND FLIRTED ON THE PLAYGROUND WHEN WE WERE HAVING LUNCH WHILE SHE BRAGGED ABOUT HOW IT FELT WHEN SHE WERE HAVING HER BABY, WHEN HER WATER BROKE AND ABOUT HOW IT FELT WHEN SHE HAD SEX WITH THE FIRST BLACK MAN. MISS TERRI HUSSEY AND SOME OF THE OTHER EMPLOYEES CURSED AND USED SO MUCH PROFANITY UNTIL A CUSTOMER COMPLAINED ABOUT IT BECAUSE THEY HAD NO RESPECT FOR HER YOUNG CHILDREN, THEY HAD NO RESPECT FOR ME, THEY HAD NO RESPECT FOR THE OLD FOLKS, TEENAGERS OR THE BABIES THAT WERE ON THE PLAYGROUND AT MCDONALD'S.

MY INJURIES ARE SERIOUS, SEVERE, LONG LASTING AND VERY PERMANENT BECAUSE THEY HAVE LASTED ME FOR ALMOST ONE FULL YEAR. I LOSE SLEEP, I HAVE TROUBLE EATING, SLEEPING, AND I HAVE STOMACH AND SIDE EFFECTS WHEN I TAKE MEDICINE FOR MY JOB INJURIES.

I SUFFER FROM PHYSICAL, EMOTIONAL, VERBAL, MENTAL, AND FINANCIAL SCARS THAT WILL LAST ME FOR A LIFETIME. I HAVE LOST OPPORTUNITIES, WORK HOURS, MEDICAL TREATMENTS, AND AN INCOME TO SUPPORT MYSELF WITH BECAUSE OF MY JOB INJURIES AT MCDONALD'S ON SEPTEMBER 27, 2005.

I HAVE LOST PRECIOUS TIME WITH MY MOTHER, SISTER, CHILDREN, GRAND-CHILDREN, NEICES, FRIENDS, AND MY ENTIRE FAMILY. I CAN'T PAY MY BILLS, I CAN'T BUY ME ENOUGH FOOD TO LAST ME FOR ONE FULL MONTH, I CAN'T BUY ME CLOTHES, SHOES, PERSONAL SUPPLIES AND I DON'T HAVE MONEY FOR FUN, FOOD, VACATION, RECREATION AND EXTRACURRICULAR ACTIVITIES. I KNOW HOW THE PROCESS WORKS, AND I KNOW THAT MY CLAIM IS AN HONEST ONE.

I HAVE PRESCRIPTIONS AT THE DRUG STORES THAT HAS NEEDED FILLING FOR MY INJURIES SINCE FEBRUARY OF 2006. I CAN'T EVEN AFFORD TO BUY ME AN ASPIRIN TO TRY AND HELP EASE MY PAINS AND DISCOMFORTS BECAUSE OF MY ACCIDENT AND JOB INJURIES AT MCDONALD'S ON SEPTEMBER 27, 2005.

POWERFUL WHITE HATE GROUP CONSPIRACIES THAT MCDONALD'S, J&J ENTERPRISES AND GALLAGHER BASSETT SERVICES CAUSES AND FORCES ME TO LIVE AND SUFFER THROUGH ON A DAILY BASIS.

MY ANNUAL YEARLY LOSS OF INCOMES TOTALS TO APPROXIMATELY FORTY THOUSAND DOLLARS OR MORE AND APPROXIMATELY TWENTY FIVE THOUSAND DOLLARS OF THIS LOSS OF INCOME IS FROM MCDONALD'S. I SUFFER FROM EMPLOYMENT DISCRIMINATION, A RACIST, WRONG, AND UNLAWFUL BLACKBALLING JOB TERMINATION. MY WHOLE BODY SUFFERS FROM CHEMICAL CONTAMINATIONS, CHEMICAL INFECTIONS, AND DEEP ALLERGIC REACTIONS THAT FLOATS ALL OVER MY BODY LIKE A RIVER.

I SUFFER FROM HEAD, BACK, NECK, THROAT, CHEST, SHOULDER, ARM, LEG, HIP, KNEE, WAIST, BONE INJURIES, OTHER JOINT INJURIES, AND FROM OTHER BODILY INJURIES. I SUFFER FROM LOSS OF JOBS, JOB INTERVIEWS, JOB OPPORTUNITIES, LOSS OF TIME, GRADUATION EXERCISES FOR STUDENTS WHOM I WORKED IN THE CLASSROOM WITH, LOSS OF MANY DIFFERENT OCCASIONS, PLEASURE AND ENJOYMENT WITH MY FAMILY, MY CHRISTMAS, THANKSGIVING, NEW YEARS, VALENTINE, EASTER, BIRTHDAYS AND OTHER SPECIAL HOILDAYS WITH MY MOTHER, SISTER, GRAND-CHILDREN, NEICES, NEPHEWS, FRIENDS AND MY FAMILY MEMBERS. .

I HAVE LOST TIME FROM COLLEGE, WORK, PROFESSIONAL TRAININGS FOR MY DEGREE IN EDUCATION, MY TEACHER'S CERTIFICATE , COLLEGE, MY WORK ACTIVITIES WITH THE WIRE GRASS WRITING PROJECT, BIRTHDAYS, RECREATIONAL ACTIVITIES, HOBBIES, HOME ACTIVITIES, VACATIONS, ETC. MCDONALD'S HAS KEPT ME FROM GETTING MY TEACHER'S CERTIFICATE UPDATED. I HAVE LOST TIME WITH MY GRAND-CHILDREN, NEICES, NEPHEWS AND MY COUSINS IN SCHOOL. I SUFFER FROM EMBARRASSMENT, INCONVENIENCES, HUNGER, AND POVERTY BECAUSE OF MCDONALD'S.

I SUFFER FROM SHOOTING, STINGING, ACHING, DIZZY, AND HURTING PAINS OF BURNINGS, ITCHINGS, JOINT STIFFNESS, HARDNESS, AND SORENESS ALL OVER MY BODY. I HAVE SCALP IRRITATIONS, SCALP INFECTIONS, HAIR LOSSES, BALDNESS, AND SORES THAT BREAKS OUT IN MY HEAD AND ON OTHER PARTS OF MY BODY BECAUSE OF CHEMICAL REACTIONS FROM MCDONALD'S.

I HAVE SKIN DISCOLORATIONS TO MY NECK, THROAT, CHEST, LEGS, SHOULDERS AND OTHER PARTS OF MY BODY. MCDONALD'S CHEMICALS AND CHEMICAL CONTAMINATIONS CAUSES ME TO HAVE UGLY SPOTS ON MY BODY THAT CAUSES ME TO ITCH, BURN, STING, AND HURT ALL THE TIME. I HAVE SCARRING, HAIR LOSSES, SKIN IRRITATIONS AND BALDNESS

IN MY HEAD THAT MAY BE PERMANENT BECAUSE OF MCDONALD'S CHEMICALS, CHEMICAL CONTAMINATIONS, AND DEEP ALLERGIC REACTIONS THAT MAY LAST ME FOR THE REST OF MY LIFE.

MCDONALD'S, GALLAGHER BASSETT SERVICES, AND J&J ENTERPRISES ARE AT 100% FAULT FOR MY ACCIDENT AND MY ON THE JOB INJURIES , IF I WERE A WHITE WOMAN, MCDONALD'S, GALLAGHER BASSETT SERVICES, AND J&J ENTERPRISE WOULD NOT BE MAKING A SLAVE OUT OF ME, AND THEY WOULDN'T BE MAKING A NIGGER OUT OF ME!

MCDONALD'S IS AT 100% FAULT FOR ME NOT HAVING AN INCOME TO LIVE ON, NOT BEING ABLE TO WORK, USE THE LEFT PART OF MY ARM, NECK, SHOULDER, HAND AND OTHER PARTS OF MY BODY. THEY ARE RESPONSIBLE FOR MY MEDICAL PROBLEMS WITH MY BACK, HEAD, BONES, SHOULDERS, NECK, CHEST, ARMS, KNEES AND OTHER PARTS OF MY BODY. MY HIPS HAS FELT BLOODY, BROKE AND SORE FOR ALMOST ONE FULL YEAR AND MCDONALD'S, J & J ENTERPRISES, AND GALLAGHER BASSETT SERVICES REFUSES TO PAY FOR MY MEDICAL BILLS SO THEY CAN BLACKBALL ME OUT OF MY WORKER'S COMPENSATION BENEFITS.

MCDONALD'S IS AT 100% FAULT FOR ME NOT BEING ABLE TO GET ANY MEDICAL HELP, CARE, EXAMINATIONS, TREATMENTS AND OTHER SERVICES FOR MY ON THE JOB INJURIES FOR ALMOST ONE FULL YEAR AND THEY HAVE TAKEN MY MEDICAL RIGHTS, CARE, TREATMENTS, EXAMINATIONS AND OTHER SERVICES FROM ME SO THEY CAN BLACKBALL ME OUT OF MY WORKER'S COMPENSATION BENEFITS BECAUSE THEY DON'T WANT TO TAKE RESPONSIBILITY FOR MY ACCIDENT AND ON THE JOB INURY AT MCDONALD'S ON SEPTEMBER 27, 2005.

MCDONALD'S IS AT 100% FAULT FOR ME SLIPPING, SLIDING, AND FALLING DOWN REPEATEDLY INSIDE OF, ON THE TOP, ON THE BOTTOM, AND ON THE SIDE OF SOME BIG HARD STEEL CONTAMINATED KITCHEN SINKS, ON A PLASTIC BREAD TRAY, AND ON A BIG HARD SLICK, SLIPPERY, GREASY AND WET CEMENT FLOOR. MCDONALD'S IS RESPONSIBLE FOR ME GETTING HARD BLOWS TO THE TOP OF MY HEAD AND MY FOREHEAD FROM HITTING THE BOTTOM OF SOME BIG HARD COMTAMINATED KITCHEN SINKS THAT WERE MADE OUT OF NOTHING BUT REAL HARD STEEL.

MCDONALD'S IS RESPONSIBLE FOR ME HAVING MANY SLIPS, SLIDES AND FALLS ON A BIG, GREASY, SLICK, SLIPPERY, AND VERY HARD CEMENT FLOOR THAT ALMOST CAUSED ME TO GET KILLED, AND THEY HAD JUST MOPPED THE FLOORS IN NASTY, DIRTY, SLICK, GREASY AND CHEMICAL CONTAMINATED WATER THAT HAD NOT BEEN CHANGED FOR DAYS, AND DAYS.



LIFETHREATENING- FRIGHTENING- AND FEARFUL INJURIES THAT CAN BE TRAGIC AND EVEN FATAL TO MY HEALTH. I HURT, SUFFER, AND STARVE FOR MEDICINES, PRESCRIPTION DRUGS, AN INCOME TO LIVE ON, FOOD AND FOR MEDICAL ATTENTION FOR MY ON THE JOB INJURIES AT MCDONALD'S ON SEPTEMBER 27, 2005.

MISS MARGIE FLORENCE BARROW  
654 HENDERSON DRIVE, APARTMENT 1  
TROY, ALABAMA 36081

MAY 22, 2006

MR. CHRIS ROCK AND GALLAGHER  
BASSETT SERVICES  
POST OFFICE BOX 660129  
BIRMINGHAM, ALABAMA 35266

THIS LETTER WILL CONFIRM MY TELEPHONE CONVERSATIONS WITH YOU AND MS. HEATHER SPRADLEY ABOUT MY WORKER'S COMPENSATION CLAIM FOR MCDONALD'S ON OR ABOUT MAY 19, 2006, MS. HEATHER SPRADLEY CONTACTED ME ABOUT MY CLAIM FOR MCDONALD'S FOR THE VERY FIRST TIME ON OR ABOUT MAY 17, 2006 WHILE TELLING ME THAT SHE WANTED TO GET A TAPED RECORDED STATEMENT FROM ME ABOUT MY JOB INJURY AT MCDONALD'S AND THAT SHE COULD NOT GET MY FIRST REPORT OF INJURY PULLED UP IN THE SYSTEM.

HEATHER TOLD ME THAT SHE HAD MY MEDICAL RECORDS FROM THE HOSPITAL BECAUSE THEY HAVE TO GET MEDICAL RECORDS WHEN THEY PAY THE BILLS. HEATHER MADE FALSE STATEMENTS TO ME ABOUT MY JOB INJURY AT MCDONALD'S, SHE STATED THAT I STEPPED ONTO A BUN TRAY WHILE WALKING FROM THE GRILL, AND THAT I FELL ON MY RIGHT SIDE. HEATHER STATED THAT MY BIRTHDATE IN THE COMPUTER WERE LISTED AS JANUARY 1, 1975. HEATHER PROMISED TO SEND ME A COPY OF MY MEDICAL RECORDS ON APPROXIMATELY MAY 17, 2006.

I MADE SEVERAL TELEPHONE CALLS TO MS. SPRADLEY'S OFFICE BECAUSE I WANTED TO KNOW IF SHE HAD FOUND THE TAPED RECORDED STATEMENT THAT MS. ARCHER GOT FROM ME WHEN SHE CALLED ME ON FEBRUARY 9, 2006 AND I WANTED TO KNOW IF SHE HAD SENT MY MEDICAL RECORDS TO ME. MS. SPRADLEY NEVER RETURNED MY TELEPHONE CALLS. ON APPROXIMATELY MAY 19, 2006, MR. ROCK GOT VERY RACIST AND VERY SMART WITH ME, HE TOLD ME THAT NO ONE HAD PUT ME OFF WORK AND THAT HE WOULD AUTHORIZE FOR ME TO GO TO AN INITIAL AUTHORIZED TREATING PHYSICIAN.

I ASKED MR. ROCK, WHY DID HE THINK HE HAD THE RIGHT TO WAIT UNTIL MAY 29, 2006 TO SELECT AN INITIAL AUTHORIZED TREATING PHYSICIAN TO TREAT ME FOR MY JOB INJURIES AT MCDONALD'S WHEN I

VERBAL INJURIES THAT CAN LAST ME FOR A LIFETIME AND THEY CAN CAUSE ME TO SUFFER FROM STROKES, HIGH BLOOD PRESSURE, STRESS ATTACKS , ANXIETY ATTACKS, HEADACHES AND OTHER LIFETHREATENING- FRIGHTENING- AND FEARFUL INJURIES THAT CAN BE TRAGIC AND EVEN FATAL TO MY HEALTH. I HURT, SUFFER, AND STARVE FOR MEDICINES, PRESCRIPTION DRUGS, AN INCOME TO LIVE ON, FOOD AND FOR MEDICAL ATTENTION FOR MY ON THE JOB INJURIES AT MCDONALD'S ON SEPTEMBER 27, 2005.

MY WHOLE BODY SUFFERS FROM MCDONALD'S CHEMICAL CONTAMINATIONS AND DEEP ALLERGIC REACTIONS THAT OVER FLOWS THROUGH OUT MY WHOLE BODY LIKE RUNNING WATER FLOATING ON A RIVER. I SUFFER FROM INFECTIONS, BURNINGS, ITCHINGS, SCRATCHINGS, STINGINGS, AND FROM OTHER SKIN IRRITATIONS.

I SUFFER FROM SORES IN MY HEAD, A LOSS OF HAIR, BALD SPOTS, SORES ON PARTS OF MY ENTIRE BODY AND I HAVE UGLY SPOTS OVER PARTS OF MY ENTIRE BODY THAT WON'T GO AWAY. I HAVE SKIN DISCOLORATIONS TO MY NECK, THROAT, CHEST AND TO OTHER PARTS OF MY BODY.

I ITICH, BURN, HURT, AND I HAVE PAINS ALL OVER MY BODY FROM MCDONALD'S CHEMICAL CONTAMINATIONS AND ALLERGIC REACTIONS, I SUFFER FROM HARD BLOWS TO MY HEAD, MEMORY LOSSES, HARD SLIPS AND FALLS, STRESS ATTACKS, ANXIETY ATTACKS, DEPRESSION ATTACKS, HIGH BLOOD PRESSURE ATTACKS, HEART ATTACKS, FINANCIAL HARDSHIPS, FINANCIAL WORRIES, STROKES, AND FROM OTHER BODILY INJURIES THAT CAN EVEN CAUSE DEATH TO ME AT ANY TIME.

MISS MARGIE FLORENCE BARROW  
654 HENDERSON DRIVE, APARTMENT 1  
TROY, ALABAMA 36081

JANUARY 15, 2005

STATE OF ALABAMA  
WORKER'S COMPENSATION DIVISION  
MR. CARL PETERS, EXAMINER  
649 MONROE STREET  
MONTGOMERY, ALABAMA 36131

DEAR SIR:

I AM STILL WAITING FOR A RESPONSE FROM YOU AND THE WORKER'S COMPENSATION DIVISION ABOUT MY WORKER'S COMPENSATION CLAIM FOR MCDONALD'S, DURING MY LAST CONVERSATION WITH YOU, I WAS INFORMED THAT YOU WOULD BE GETTING BACK IN TOUCH WITH ME ABOUT MY CLAIM, BUT, I HAVEN'T HEARD ANOTHER WORD FROM YOU ABOUT THIS MATTER.

AT THIS TIME, I AM SENDING WORKER'S COMPENSATION MORE INJURY REPORTS TO FILE WITH MCDONALD'S INSURANCE CARRIER, OSHA, WORKER'S COMPENSATION, THE STATE OF ALABAMA INSURANCE COMMISSIONER'S OFFICE, ATTORNEY TROY KING'S OFFICE, AND WITH GOVERNOR BOB RILEY'S OFFICE, BECAUSE OUR COUNTRY WERE FORMED ON THE BASIS THAT ALL MEN ARE CREATED EQUAL, IT DIDN'T JUST SAY, ALL OF MCDONALD'S MEN WERE CREATED EQUAL.

I AM CONCERNED ABOUT MCDONALD'S REFUSING TO FILE MY INJURY REPORTS WITH THE STATE OF ALABAMA, AND BY REFUSING TO FILE MY INJURY REPORTS WITH THE STATE OF ALABAMA, WITHIN FOURTEEN DAYS IS A VIOLATION OF MY RIGHTS.

I AM CONCERNED ABOUT MCDONALD'S GETTING MY MEDICAL RECORDS FROM THE HOSPITAL WITHOUT MY PERMISSION. I AM CONCERNED ABOUT THE MCDONALD'S GIVING THE HOSPITAL, THE NURSES, AND THE DOCTOR A WORKER'S COMPENSATION PAPER TO FILL OUT ON ME BEHIND MY BACK AND WITHOUT TELLING ME ANYTHING ABOUT IT, THAT WAS FOR ME TO RETURN TO WORK, BEFORE THE AMBULANCE EVEN GOT ME TO THE HOSPITAL ON SEPTEMBER 27, 2005. I AM CONCERNED ABOUT THE HOSPITAL AND THE DOCTOR FILLING OUT THE WORKER'S COMPENSATION

NURSES, THE DOCTOR AND THE HOSPITAL TO DO A TRICKED UP DRUG SCREENING TEST ON ME, WHILE I WAS IN THE HOSPITAL ON SEPTEMBER 27, 2005, FOR MY ON THE JOB INJURIES WITHOUT PROVIDING ANY MEDICAL AND EMERGENCY ROOM MEDICAL SERVICES TO ME. MCDONALD'S HAS EVEN HAD THE ODASITY TO FILE FALSE INFORMATION ON FORMS ABOUT ME, WHICH STATED THAT MY EMPLOYMENT WAS TERMINATED WITH THEM, BECAUSE I QUIT MY JOB ON SEPTEMBER 27, 2005, WHEN I NEVER TOLD ANYBODY AT MCDONALD'S, OR ANY PLACE ELSE, THAT I QUIT MY JOB AT MCDONALD'S ON SEPTEMBER 27, 2005, OR ON ANY OTHER DATE. I HAVE NOT QUIT MY JOB AT MCDONALD'S.

I AM SADDENED AND DEEPLY TROUBLED TO KNOW THAT MCDONALD'S COULD PAY TO GET A NEW COMPUTERIZED CASH REGISTER REPLACED, WHEN SAMANTHA BROKE THE CASH REGISTER RIGHT IN FRONT OF MY FACE, WHILE PLAYING ON THE JOB AT MCDONALD'S, THEY COULD HAVE THE HOSPITAL TO SEND THEM MY MEDICAL RECORDS WITHOUT MY PERMISSION FOR THEM TO DO SO, BUT THEY CAN'T PAY FOR MY AMBULANCE BILL, MEDICAL BILLS, HOSPITAL BILLS, AND FOR MY WORKER'S COMPENSATION SALARY, CHECKS, AND THE OTHER BENEFITS THAT THE LAW ENTITLES ME TO RECEIVE FOR MY ON THE JOB INJURIES AT MCDONALD'S.

MISS TERRI HUSSEY AND OTHER CREW MANAGERS OF MCDONALD'S HAS ALWAYS BRAGGED AND BOASTED ABOUT MCDONALD'S HAVING NO WORKER'S COMPENSATION FOR THE EMPLOYEES TO GET WHEN THEY ARE HURT ON THE JOB, AND THEY OFTEN SAID, "YOU GET NOTHING, WHEN YOU GET HURT ON THE JOB AT MCDONALDS." I HAVE SEEN YOUNG PEOPLE, AND VERY YOUNG TEENAGERS HAVE HARD SLIPS, AND VERY HARD FALLS, THEY HAVE GOTTEN BAD BURNS FROM CLEANING THE GRILLS, AND THEY HAVE GOTTEN HURT REAL BAD, BUT THEY GOT NO MEDICAL HELP FROM MCDONALD'S, AND THEY GOT NOTHING FROM MCDONALD'S!

MCDONALDS HAS DOGGED ME OUT, HARASSED ME OUT, INTIMIDATED ME OUT, HUMILIATED ME OUT, SLAVED ME OUT, VICTIMIZED ME OUT, RACE BASED PROFILED ME OUT, RACIALLY ABUSED ME OUT, AND THEY HAVE RACIALLY STRESSED ME OUT, SO THEY CAN BLACKBALL ME OUT OF MY WORKER'S COMPENSATION MEDICAL CARE, EXAMINATIONS, TREATMENTS, MY SALARY, MY CHECKS, AND OTHER BENEFITS THAT THE LAW ENTITLES ME TO RECEIVE FOR MY ON THE JOB INJURIES AT MCDONALD'S, WHEN MANY TIMES, I WAS THE ONLY PERSON WHO WORKED UNTIL CLOSING TIME ON MY SHIFT, AND I WAS THE ONLY EMPLOYEE WHO WORKED TWO DAYS IN A ROW WITH DIFFERENT MANAGERS, FROM 5:00P.M. UNTIL 4:30A.M., AFTER SAMANTHA BROKE THE CASH REGISTER, WHILE PLAYING ON THE JOB RIGHT IN FRONT OF MY FACE AT MCDONALD'S.

Miss Margie Florence Barrow  
654 Henderson Drive, Apartment 1  
Troy, Alabama 36081

November 21, 2006

State of Alabama  
Worker's Compensation Division,  
And Mr. Joseph Ammons,  
649 Monroe Street  
Montgomery, Alabama 36131

Dear Sir:

This letter confirms my telephone conversations with You, Mr. Steve Kaylor, and the State of Alabama Worker's Compensation Division on November 2, 2006 about McDonald's refusing to take responsibility for my Job injury, Chemical Contaminations, Bacterial Infections/and or Occupational Diseases that I received while working in the line of duty on my job at McDonald's on September 27, 2005.

I have been begging you, Mr. Carl Peters, Mr. Scotty Spates, Mr. Steve Kaylor, Ms. Sally Thimes, Ms. Alice McKinney, The Ombudsmen For The State Of Alabama, The State of Alabama Worker's Compensation Division, and The Department of Industrial Relations to help me solve problems with my Worker's Compensation Claim that McDonald's has been giving me for over one full year.

On November 2, 2006, you informed me, that you would be willing to try and help me solve issues about my Worker's Compensation claims with McDonald's, and you told me to write down issues about my Worker's Compensation Claim with McDonald's that I wanted you to help me with, and you sounded very upset with me because you thought that, I called you all the Ku Klux Klan, and you stated that, I was always accusing you all of something.

Mr. Ammons, you referred me to talk with Mr. Steve Kaylor about my Worker's Compensation Claims with McDonald's, and when talking with Mr. Steve Kaylor, he said that my name rung a bell with him, and he let me know that there were no freedom for my name in his bell for me, while he promised that he would have somebody to call me back about my Worker's Compensation Claim on November 2, 2006, and it is now November 21, 2006, and nobody has contacted me from The Worker's Compensation Division about my Worker's Compensation Claim with McDonald's, and to this date, which is November 21, 2006, I have received no response from your office about this matter.

I would never label you or anybody else as being The Ku Klux Klan, but when White Folks treat me, like the Ku Klux Klan has always treated Black Folks, and when White



Folks do the things to me, that the Ku Klux Klan has always done to Black Folks, what other observations, identity, conclusions, or hypothesis would The Worker's Compensation Division, The Department of Industrial Relations, and The State Of Alabama expect from me? During my conversation with you on November 2, 2006, you instructed me to write down issues about my Worker's Compensation Claim that I wanted you, and The Worker's Compensation Division to work on for me with McDonald's.

I am sending you this information for a second time, Mr. Ammons, I want you and The Worker's Compensation Division to help McDonald's, and Gallagher Bassett Services to understand that the law guarantees me a benefit certain in the event of my On-The Job Injury and Occupational Diseases, and that Worker's Compensation Insurance Coverage for McDonald's should be the exclusive remedy for my On-The Job Injuries and my Occupational Diseases, that I received while working on my job, in the line of duty, at McDonald's on September 27, 2005.

I want you and The Worker's Compensation Division to help me receive the medical care, treatments, examinations, medicine, prescription drugs, help, care, services, wages, income, and other benefits that the law entitles me to receive for my Job Injuries, and my Occupational Diseases that I got while working on my job, in the line of duty, at McDonald's on September 27, 2005.

McDonald's stopped the doctor, the emergency room, and the hospital from treating me for my Job Injuries, and my Occupational Diseases before Haynes Ambulance Service ever got me to the hospital on September 27, 2005, they had the doctor to fill them a paper out on me behind my back, and without telling me anything about it that said, I was to return to work before the ambulance ever got me to the hospital, and they have stopped the Southeast Alabama Rural Health Clinic from providing medical care, examinations, treatments, help, and other services to me that the law entitles me to receive for my Job Injuries and Occupational Diseases.

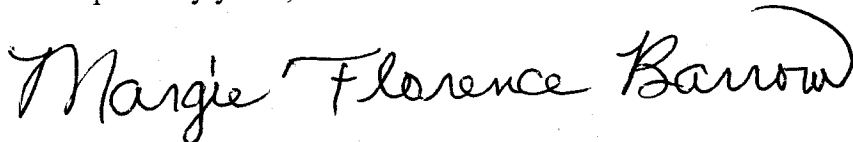
McDonald's has refused to refer me to an Authorized Treating Physician for my Job Injuries and Occupational Diseases for over one full year so they can sweep my job injuries under the rug, and so they can blackball me out of my Worker's Compensation medical care, services, treatments, examinations, wages, and other benefits that the Law entitles me to receive for my job injuries..

Mr. Ammons, I suffer from hard blows to my head, headaches, neck, throat, chest, shoulder, arm, hip, leg, waist, back, other bone injuries, stress, depression, emotional harm, mental anguish, psychological abuse, and other types of bodily injuries. I suffer from Bacterial Infections and Chemical Contaminations that floats throughout my body which causes me to have all types of skin discolorations, skin infections, scalp infections, hair losses, baldness, and other bodily infections which causes me to have big, puffy, and swollen bruises on parts of my body, and skin discolorations on my body that causes me to be in huge amounts of pain.

Your immediate response to problems with my employer will be greatly appreciated, because, I have been begging The Worker's Compensation Division for over one full year to help me with problems that McDonald's has been giving me about job injuries that I received while working in the line of duty at McDonald's on September 27, 2005. Please excuse all typographical errors in this document. Thank you.

Please Forward a copy of this document to Ms. Teresa and Mr. Spates also.

Respectfully yours,



Margie Florence Barrow

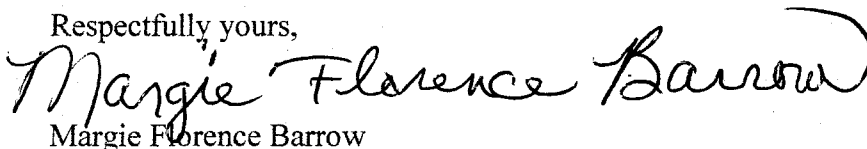
mfb

CC: HOUSE OF REPRESENTATIVES

Note: 12-14-06, I have received no response from your office regarding this letter which were mailed to your office approximately three weeks ago. I am still hurt, I can't get medical attention for on the job injuries, that I received while working on my job in the line of duty at McDonald's on September 27, 2006. Troy Regional Medical Center could not provide medical care, services, treatments, medicine, and X-Rays for my job injuries because I did not have the money to pay for their medical services, therefore, I was turned down for medical care on December 11, 2006, because, I could not afford to pay the bill for job injuries that I received at McDonald's on September 27, 2006. McDonald's has stopped doctors, the hospital, and the Clinic from treating me for my job injuries at McDonald's to no endless avail.

I mailed this letter to your office on November 21, 2006, and I have received no response to this letter from your office to this present date, and time, which is December 14, 2006. Thanking you in advance to your earliest response to this matter.

Respectfully yours,



Margie Florence Barrow

Because of McDonald's, I have no Christmas, I can't enjoy Christmas with my family. I have medical problems that I can get no medical attention for because of Job Injuries that I received at McDonald's on September 27, 2006.

mfb

Enclosure: Added Documentations

I am researching issues about My Worker's Compensation Claim with THE HOUSE OF REPRESENTATIVES FOR THE STATE OF ALABAMA, THE HOUSE OF THE SENATE, AND THE ENTIRE STATE LEGISLATURE'S OFFICE because, I want to know why McDonald's and Gallagher Bassett Services think, I should suffer for My Worker's Compensation Benefits, Medical Care, Treatments, Income, Etc.

TO: THE STATE OF ALABAMA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
AND  
GOVERNOR BOB RILEY

FROM: MISS MARGIE FLORENCE BARROW  
DATE: MAY 27, 2006

SUBJECT: THE WORKER'S COMPENSATION DIVISION IS GUILTY OF  
SYSTEMATIC PATTERNS AND PRACTICES OF PREMEDITATED-  
PLOTTED- AND -WELL PLANNED WHITE MASTER SLAVERY  
DISCRIMINATION AND POWERFUL WHITE HATE GROUP  
CONSPIRACIES AGAINST ME TO VIOLATE MY CIVIL RIGHTS  
AND SWEEP MY JOB INJURIES UNDER THE RUG SO THEY  
CAN BLACKBALL ME OUT OF MY WORKER'S  
COMPENSATION RIGHTS, SALARY AND BENEFITS FOR  
MCDONALD'S AND OTHER POWERFUL WHITE HATE GROUP  
EMPLOYERS

AS A BLACK NATIVE, A PROFESSIONAL BLACK TEACHER, AND AN  
EDUCATOR IN MY COMMUNITY FOR APPROXIMATELY TWENTY-NINE  
YEARS, A NATURAL BORN CITIZEN OF TROY, PIKE COUNTY, ALABAMA  
AND THE UNITED STATES OF AMERICA, I LIVE IN A COUNTRY THAT IS  
SUPPOSED TO BE THE LAND OF THE FREE AND THE HOME OF THE BRAVE  
WHERE WE SING MY COUNTRY TIS OF THEE EVERYDAY, AND WITH THIS  
BEING THE CASE, I WANT TO KNOW WHY YOU WHITE FOLKS STILL TREAT  
US BLACK FOLKS THIS WAY, WHY DO YOU WHITE FOLKS MAKE ME A  
NIGGER, AND WHY DO YOU WHITE FOLKS STILL MAKE ME A SLAVE EVEN  
IN THESE DAYS?

AS A PART AND A PRODUCT OF A TOWN, COMMUNITY, A STATE, AND A  
WORLD THAT HAS BEEN RUN BY WHITE FOLKS AND CONTROLLED BY  
RACISM FOR MY ENTIRE LIFETIME, I FILE THESE SYSTEMATIC CIVIL  
RIGHTS COMPLAINTS AGAINST MR. GARY WEST, MS. JOAN PASSMORE,  
MR. JOSEPH AMMONS, MR. CARL PETERS, MR. SCOTTY SPATES, MS. SALLY  
THIMES, OTHER RACIST STATE EMPLOYEES, THE WORKER'S  
COMPENSATION DIVISION AND THE DEPARTMENT OF INDUSTRIAL  
RELATIONS FOR THE STATE OF ALABAMA.

MR. GARY WEST, MS. JOAN PASSMORE, MR. JOSEPH AMMONS, MR. CARL  
PETERS, MR. SCOTTY SPATES, MS. SALLY THIMES AND OTHER WHITE

RACIST EMPLOYEES WHO WORKS WITHIN THE WORKER'S COMPENSATION DIVISION FOR THE STATE OF ALABAMA HAS PRACTICED SYSTEMATIC PATTERNS OF PREMEDITATED-PLOTTED-AND WELL PLANNED RACE BASED RACISM, RACIAL DISCRIMINATION, WHITE MASTER SLAVERY TIME DISCRIMINATION, RACIAL: PROFILING, STEREOTYPING, TARGETING, VICTIMIZING AND POWERFUL WHITE HATE GROUP CONSPIRACIES AGAINST ME TO VIOLATE MY CIVIL RIGHTS, MAKE ME A BLACK NIGGER, MAKE ME A BLACK SCAPEGOAT AND MAKE ME A BLACK SLAVE FOR WHITE FOLKS, WHITE HATE GROUPS, AND FOR POWERFUL WHITE HATE GROUP EMPLOYERS WHOM ARE NOTHING BUT THE MOB CROWDS AND THE KU KLUX KLAN FROM APPROXIMATELY AUGUST OF 1999 TO THIS PRESENT TIME, WHICH IS MAY OF 2006.

THEY SWEEP MY JOB INJURIES UNDER THE RUG AND BLACKBALL ME OUT OF MY WORKER'S COMPENSATION MEDICAL CARE, EXAMINATIONS, TREATMENTS, SALARIES AND OTHER BENEFITS WITH MALICE, ILL WILL, AND WITH RECKLESS INDIFFERENCES TO MY FEDERALLY PROTECTED RIGHTS SO THEY CAN KEEP ME HOMELESS, HOPELESS, HUNGRY, HELPLESS, FUTURELESS, CAREERLESS, MONEYLESS, FOODLESS AND JOBLESS, LIBERTYLESS AND ENSLAVED INTO A DEEP LIFE OF EVERLASTING POVERTY FOR THE STATE OF ALABAMA, THE CITY OF TROY, PIKE COUNTY, WHITE FOLKS, WHITE HATE GROUPS, MR. JIM CROW, MR. CHARLIE AND FOR POWERFUL HATE GROUP EMPLOYERS WHOM ARE NOTHING BUT THE MOB CROWDS AND THE KU KLUX KLAN.

MR. CARL PETERS HAS USED THE COLOR OF HIS FACE, HIS RACE, AND THE SLAVE DAYS TO SYSTEMATICALLY RACIALLY ATTACK, HARASS, HUMILIATE, INTIMIDATE, ABUSE, HARM, DISCRIMINATE AGAINST ME AND HURT ME WITH RACIST INTENTS TO EVEN KILL ME AND HE HAS MADE RACIAL THREATS TO ME ABOUT NOT BEING ABLE TO FIND A LAWYER TO TAKE MY CASE.

MR. CARL PETERS MADE OTHER RACIST AND OFFENSIVE LIFE-THREATENING REMARKS AND STATEMENTS TO ME ABOUT MY JOB INJURIES AT MCDONALD'S WITH RACIST INTENTS TO WORK AGAINST ME AND SWEEP MY JOB INJURIES UNDER THE RUG SO THEY CAN CONTINUE TO BLACKBALL ME OUT OF MY WORKER'S COMPENSATION RIGHTS, MEDICAL CARE, EXAMINATIONS, TREATMENTS, SERVICES, BENEFITS AND MY SALARY FOR THE WHITE OWNERS OF MCDONALD'S.

THE WORKER'S COMPENSATION DIVISION FOR THE STATE OF ALABAMA HAS PRACTICED SYSTEMATIC RACIAL HATE GAMES, WHITE HATE GROUP CRIMES AND POWERFUL WHITE HATE GROUP CONSPIRACIES AGAINST ME TO VIOLATE MY CIVIL RIGHTS AND BLACKBALL ME OUT OF MY WORKER'S COMPENSATION BENEFITS FOR MR. JIM CROW, MR. CHARLIE, THE WHITE MAN, WHITE FOLKS AND FOR POWERFUL WHITE HATE GROUP



EMPLOYERS WHOM ARE NOTHING BUT THE MOB CROWDS AND THE KU KLUX KLAN FROM APPROXIMATELY AUGUST OF 1999 TO THIS PRESENT TIME WHICH IS MAY 27, 2006.

MR. SCOTTY SPATES HAS REFUSED TO RESPOND TO ALL OF THE MESSAGES AND THE MANY TELEPHONE CALLS THAT I HAVE MADE TO HIS OFFICE SO THAT I COULD FILE RACIAL DISCRIMINATION COMPLAINTS AGAINST MR. CARL PETERS AND THE STATE OF ALABAMA FROM APPROXIMATELY JANUARY 16, 2006 UNTIL THIS PRESENT TIME WHICH IS MAY 27, 2006.

THE WORKER'S COMPENSATION DIVISION REFUSED TO CONNECT ME WITH THE OMBUDSMAN SECTION FOR THE STATE OF ALABAMA FOR APPROXIMATELY SIX MONTHS OR MORE, AND AFTER I HAD BEEN TRYING TO SPEAK WITH AN OMBUDSMAN FOR APPROXIMATELY SIX MONTHS, THEY DECIDED TO CONNECT ME WITH MR. JOHN LEWIS' VOICE MAIL SO THAT I COULD SPEAK WITH AN OMBUDSMAN ABOUT MY WORKER'S COMPENSATION CLAIM.

MR. JOHN LEWIS RETURNED MY TELEPHONE CALL AND HE TOLD ME THAT I SHOULD CALL MS. SALLY THIMES ABOUT OMBUDSMAN SERVICES FOR THE STATE OF ALABAMA. MS. SALLY THIMES RETURNED MY TELEPHONE CALL ON APPROXIMATELY MARCH 30, 2006, MS. THIMES STATED THAT SHE WOULD CALL ME BACK AND THAT SHE WOULD BE TELLING ME WHO WOULD BE HANDLING MY CLAIM, IT IS NOW MAY 27, 2006, AND I HAVEN'T HEARD FROM MS. SALLY THIMES ABOUT MY CLAIM YET!

THE WORKER'S COMPENSATION DIVISION FOR THE STATE OF ALABAMA HAS BEEN RACIALLY REFUSING TO PROVIDE ME WITH OMBUDSMAN SERVICES FOR JOB INJURY CLAIMS SINCE APPROXIMATELY AUGUST OF 1999 TO THIS PRESENT TIME WHICH IS MAY 27, 2006.

IT IS SAD, DISTRESSING, UPSETTING, DEPRESSING AND VERY DISTURBING TO KNOW THAT THE STATE OF ALABAMA AND THE DEPARTMENT OF INDUSTRIAL RELATIONS USES BLACK FOLKS TO SPREAD THEIR RACISM ON THE LIVES OF US BLACK FOLKS LIKE PEANUT BUTTER SO THEY CAN SWEEP JOB INJURIES UNDER THE RUG AND BLACKBALL US BLACK FOLKS OUT OF OUR WORKER'S COMPENSATION RIGHTS AND BENEFITS FOR MR. JIM CROW, THE WHITE MAN, WHITE FOLKS, MR. CHARLIE AND FOR POWERFUL WHITE HATE GROUP EMPLOYERS WHOM ARE NOTHING BUT THE MOB CROWDS AND THE KU KLUX KLAN.

WHITE FOLKS HAS ALWAYS USED BLACK FOLKS TO DO THEIR DIRTY WORK TO OTHER BLACK FOLKS, AND WHEN WHITE FOLKS USES BLACK FOLKS TO DO THEIR DIRTY WORK TO OTHER BLACK FOLKS, THEY CALL IT SICKENING A NIGGER, ON NIGGERS!

THE WHITE MAN, WHITE FOLKS, WHITE HATE GROUPS, MR. JIM CROW, MR. CHARLIE, THE MOB CROWDS AND THE KU KLUX KLAN ALWAYS USES OTHER BLACK FOLKS TO SPREAD RACISM ON THE LIVES OF US BLACK FOLKS AND THEY HAVE ALWAYS USED OTHER BLACK FOLKS TO DO THEIR DIRTY WORK TO US BLACK FOLKS SINCE THE SLAVE DAYS, AND THEY DO IT IN THESE DAYS TOO!

Margie Florence Barrow



OF 1974, 1975, 1985, AND 1992, AS AMENDED, WITH REFERENCES TO VOLUME 15, BEGINNING WITH SECTION 25-5-1, IN THE CODE OF ALABAMA. THE INSURANCE CARRIER IS REQUIRED TO PAY FOR THE COST OF REASONABLE AND NECESSARY MEDICAL SERVICES, CAS. INS., CO. V. MCDONALD'S, 567 SO. 2d 1208 (ALA. 1990). OUTRAGEOUS AND INTENTIONAL TORTS CAN OCCUR IN A WORKPLACE, AUSTIN VS. RYAN'S STEAKHOUSE, 668 So. 2d 806, (ALA. CIV. APPEAL). MANAGER HAS TO OBTAIN A SAFE WORKPLACE FOR THE EMPLOYER, BUSBY N. TRUSWAL SYSTEMS CORP. 551 So. 2d 322, (ALA. 1989) LOSS OF SERVICE EXCLUSIVELY PROVISIONS, MURDOCK V. STEED PROCESSING SERVICE, INC. 581 So. 2d 840 (ALA.1991). JURISDICTION IS SPECIFICALLY CONFERRED ON THE COURT BY THE 1975 CODE OF ALABAMA STATUTE, EQUITABLE AND OTHER RELIEF ARE ALSO SOUGHT IN VOLUME 15, OF 1975 CODE OF ALABAMA STATUTE.

THE ACTS COMPLAINED OF IN THIS SUIT CONCERN:

1. MCDONALD'S BLACKBALLING ME OUT OF MY WORKER'S COMPENSATION MEDICAL CARE, HELP, TREATMENTS, EXAMINATIONS, SERVICES, AND OTHER BENEFITS AT TROY REGIONAL MEDICAL CENTER ON SEPTEMBER 27, 2005.
2. MCDONALD'S WRONGFUL TERMINATION, AND THEIR RETALIATORY DISCHARGE SO THEY COULD SWEEP MY JOB INJURIES UNDER THE RUG, AND SO THEY COULD KEEP FROM PAYING WORKER'S COMPENSATION BENEFITS TO ME.
3. MCDONALD'S REFUSAL TO PROVIDE WORKER'S COMPENSATION MEDICAL CARE, HELP, SERVICES, TREATMENTS, EXAMINATIONS, MEDICINES, PRESCRIPTION DRUGS, WAGES, AUTHORIZED TREATING PHYSICIANS, INITIAL TREATING PHYSICIANS, EXCLUSIVE REMEDIES FOR MY JOB INJURIES, WAGES, AND OTHER BENEFITS THAT THE WORKER'S COMPENSATION LAWS FOR THE STATE OF ALABAMA ENTITLES ME TO RECEIVE FOR MY JOB INJURIES AT MCDONALD'S ON SEPTEMBER 27, 2005 WITH MALICE, ILL WILL, AND WITH RECKLESS INDIFFERENCES TO MY STATE AND MY FEDERALLY PROTECTED RIGHTS.
3. MCDONALD'S PRACTICES PATTERNS OF PREMEDITATED-PLOTTED- AND WELL-PLANNED HARASSMENT, HUMILIATION, INTIMIDATION, INTENTIONAL JOB DISCRIMINATION, PSYCHOLOGICAL ABUSE, EMOTIONAL HARM, MENTAL ANGUISH, HATE GAMES, HATE CRIMES, AND THEY HAVE PRACTICED APPROXIMATELY TWO FULL YEARS OF WHITE POWER CONTROLLED RACIAL HATE GROUP CONSPIRACIES AGAINST ME WITH GALLAGHER BASSETT SERVICES, TROY REGIONAL MEDICAL CENTER, PIKE INTERNAL MEDICINES, MR. JOHN LITTLE, MS. MARY ANN NORTON, DR. JOHN BLOUGH, DR. BEN SMITH, DR. DAVID RUNYON, MS. TONYA RICHARDS, THE SOUTHEAST ALABAMA RURAL

Mrs. John Stephens, Mr. John  
 Stephens, Mr. Eliezer Becker, Mrs.  
 Katrina Stephens, Mrs. Tami Hasty,  
 Mrs. Palmer Taylor and the  
 McOmmer Co. has used  
 Mr. Em Poland and Mrs.  
 Brenda Jones as horse  
 sleigh and under trees, for  
 they have used them to  
 do their day work to me,  
 they have used them to spread  
 their house on me, and they  
 have used them to help  
 blackball me out of my

*Tort Claims / Wrongful Discharge etc.*

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TO: THE UNITED STATES EQUAL EMPLOYMENT  
OPPORTUNITY COMMISSION  
DATE: MARCH 15, 2006

THE COMMISSIONERS AND GENERAL COUNSEL

COMMISSIONERS:

CARI M. DOMINGUEZ, CHAIR  
NAOMI C. EARP, VICE CHAIR  
PAUL STEVEN MILLER, COMMISSIONER  
LESLIE E. SILVERMAN COMMISSIONER  
STUART J. ISHIMARU, COMMISSIONER

THE GENERAL COUNSEL

ERIC DREIBAND

I AM A SYSTEMATIC RACIAL VICTIM OF MR. JAMES N. LEE, MR. DONALD C. BURRIS, MS. AARON HALLAWAY, MR. SAMUELS HALL, MR. OSCAR LEWIS, MR. GILBERT CASELLAS, MR. PAUL M. IGASAKI, MRS. GLENDA BRYAN BROOKS, MS. CYNTHIA PIERRE, MR. GODFREY D. DUDLEY, MR. ROD CHILDREN, MS. LINDA C. ROSS, MR. GOSA, MR. CHARLES (CHUCK) GUERRIER, MS. TONI BASKIN, MS. DEBRA LEO, MS. IDA CASTRO, MS. JACQUELINE BRADLEY, MS. ERIKA LACOU, OTHER UNCLE TOM EEOC BLACK EMPLOYEES AND ADMINISTRATORS, AND WHITE EEOC EMPLOYEES AND ADMINISTRATORS WHOM ARE THE SONS AND DAUGHTERS OF THE WHITE MAN, MR. JIM CROW, THE MOB CROWDS, THE KU KLUX KLAN, AND THE UNITED STATES EQUAL EMPLOYMENT OPPORTUNITY COMMISSION SINCE APPROXIMATELY AUGUST OF 1997 TO THIS PRESENT TIME, WHICH IS MARCH OF 2006.

I ASK THAT THE COMMISSIONERS AND THE GENERAL COUNSEL PROCESS ALL CLAIMS OF EMPLOYMENT DISCRIMINATION THAT THEY HAVE

UNLAWFULLY DISMISSED OF MINE, AND ALL CLAIMS THAT THEY STILL REFUSE TO PROCESS, INVESTIGATE, AND RESOLVE THAT I HAVE FILED WITH THEM FROM APPROXIMATELY AUGUST OF 1997 TO THIS PRESENT TIME WHICH IS MARCH OF 2006. THEY ABUSE ME AND MY CIVIL RIGHTS WITH MALICE, ILL WILL, AND WITH RECKLESS INDIFFERENCES TO MY FEDERALLY PROTECTED RIGHTS. THEY HURT ME SO THEY CAN PROTECT THE SONS AND DAUGHTERS OF MR. JIM CROW, THE MOB CROWDS, AND THE KU KLUX KLAN. I ASK THE COMMISSION TO PROCESS ALL DISCRIMINATION COMPLAINTS THAT I HAVE FILED AGAINST THE COMMISSION FROM APPROXIMATELY MAY OF 1997 ( TO) THIS PRESENT TIME WHICH IS MARCH OF 2006.

THE UNITED STATES EQUAL EMPLOYMENT OPPORTUNITY COMMISSION CAUSES ME TO LIVE AND SUFFER THROUGH COUNTLESS AND ENDLESS PHYSICAL, EMOTIONAL, VERBAL, STRESSFUL, AND LIFETHREATENING, FRIGHTENING, AND FEARFUL EMOTIONAL INJURIES THAT WILL LAST ME FOR THE REST OF MY LIFE. THEY HAVE HELPED WHITE FOLKS, THE WHITE MAN, AND THE SONS AND DAUGHTERS OF MR. JIM CROW, THE MOB CROWDS, AND THE KU KLUX KLAN STEAL, ROB, AND RAPE ME OF JOBS, MY CIVIL, RIGHTS, MY HUMAN RIGHTS, MY CONSTITUTIONAL RIGHTS, MY LIFE, LIBERTY, AND ALL PURSUITS OF HAPPINESS.

THE UNITED STATES EQUAL EMPLOYMENT OPPORTUNITY COMMISSION HAS WHITE HATE GROUPS LAW ENFORCEMENT OFFICIALS, WHITE FOLKS, WHITE HATE GROUPS, AND UNCLE TOM BLACK FOLKS IN MY HOMETOWN AND EVERYWHERE ELSE RACIAL PROFILING, STEREOTYPING, TARGETING, VICTIMIZING ME, SINGLING ME OUT AND THEY MAKE BLACK SLAVES OUT OF ME/MY FAMIILY, THEY ATTACK, HARASS, HUMILIATE, INTIMIDATE, THREATEN, DISCRIMINATE AGAINST US, CURSE US OUT, TAKE OUR RIGHTS AWAY FROM US, AND THEY ATTEMPT TO FIGHT US IN A MOB CROWD LYNCHING, UNCLE TOM, AND A WHITE MASTER SLAVERY TIME DISCRIMINATION KU KLUX KLAN STYLE.

THE UNITED STATES EQUAL EMPLOYMENT OPPORTUNITY COMMISSION HAS WHITE FOLKS AND WHITE HATE GROUPS WHOM ARE THE SONS AND DAUGHTERS OF MR. JIM CROW, THE MOB CROWDS AND THE KU KLUX KLAN BLACKBALLING ME OUT OF JOBS, TAKING JOBS AWAY FROM ME, CAUSING ME TO GET HURT ON JOBS,AND THEY TRY TO FIGHT ME ON JOBS, AT THE DOCTOR'S OFFICE AND EVERYWHERE ELSE THAT I GO.

AT THIS TIME, I FILE SYSTEMATIC RACIAL DISCRIMINATION COMPLAINTS AGAINST THE MCDONALD'S CORPORATION FOR PRACTICNG SYSTEMATIC PREMEDITATED-PLOTTED-AND WELL PLANNED PATTERNS AND PRACTICES OF RACISM, RACIAL: PROFILING, STEREOTYPING, TARGETING, VICTIMIZING, RACIAL HATE GROUP GAMES, WHITE HATE GROUP CRIMES, MOB CROWD LYNCHINGS, KU KLUX KLAN EMPLOYMENT SEGREGATION,



INTENTIONAL JOB DISCRIMINATION, WHITE MASTER SLAVERY TIME EMPLOYMENT DISCRIMINATION AND POWERFUL WHITE HATE GROUP CONSPIRACIES AGAINST ME TO VIOLATE MY CIVIL RIGHTS FOR WHITE FOLKS, WHITE HATE GROUPS, AND POWERFUL WHITE HATE GROUP EMPLOYERS WHOM ARE THE SONS AND DAUGHTERS OF MR. JIM CROWE, THE MOB CROWDS, AND THE KU KLUX KLAN.

THEY BLACKBALL ME OUT OF JOBS, HOURS OF EMPLOYMENT, JOB TRAINING, MY WAGES, JOB ASSIGNMENTS, JOB CLASSIFICATION AND SEGREGATION, TERMINATION, OTHER TERMS, PRIVILEGES, AND CONDITIONS OF MY EMPLOYMENT, AND MY WORKER'S COMPENSATION MEDICAL CARE, SERVICES, TREATMENTS, SALARY, INCOME, AND OTHER BENEFITS WITH MALICE, ILL WILL, AND WITH RECKLESS INDIFFERENCES TO MY FEDERALLY PROTECTED RIGHTS AND WITH RACIST INTENTS TO MAKE ME SUFFER, DESTROY ME, TAKE MY LIFE, LIBERTY AND MY PURSUIT OF HAPPINESS AWAY FROM ME SO THEY CAN KEEP ME HOMELESS, HELPLESS, HOPELESS, HUNGRY, JOBLESS, CAREERLESS, FUTURELESS AND ENSLAVED INTO A DEEP LIFE OF POVERTY FOR WHITE FOLKS, WHITE HATE GROUPS AND FOR POWERFUL WHITE HATE GROUP EMPLOYERS WHOM ARE THE SONS AND DAUGHTERS OF MR. JIM CROW, THE MOB CROWDS, AND THE KU KLUX KLAN.

THE UNITED STATES EQUAL EMPLOYMENT OPPORTUNITY COMMISSION HAS MADE ME THEIR SYSTEMATIC NIGGER, SLAVE, AND VICTIM OF RACIAL DISCRIMINATION, WHITE MASTER SLAVERY TIME EMPLOYMENT DISCRIMINATION, RACIST INTENTIONAL JOB DISCRIMINATION AND VICTIMS OF THE MOB CROWDS AND THE KU KLUX KLAN. THEY HAVE WORKED AGAINST ME WITH POWERFUL WHITE HATE GROUP EMPLOYERS AND THE SONS AND DAUGHTERS OF MR. JIM CROW, THE MOB CROWDS, AND THE KU KLUX KLAN AND THEY TAKEN AWAY MY JOBS, EQUAL EMPLOYMENT OPPORTUNITIES AND THE FULL BENEFITS OF THE LAW.

THE UNITED STATES EQUAL EMPLOYMENT OPPORTUNITY COMMISSION HAS BLACKBALLED ME OUT OF RESOLVING EVERY CLAIM THAT I HAVE FILED WITH THEM FROM APPROXIMATELY FEBRUARY OF 1997 TO THIS PRESENT TIME WHICH IS MARCH OF 2006 WITH MALICE, ILL WILL, AND WITH RECKLESS INDIFFERENCES TO MY FEDERALLY PROTECTED RIGHTS' WITH PREMEDITATED-PLOTTED-AND WELL PLANNED RACIST INTENTS TO KEEP JUSTICE FROM PREVAILING IN MY LIFE, HOME, COMMUNITY, AND MY COUNTRY.

THE UNITED STATES EQUAL EMPLOYMENT OPPORTUNITY COMMISSION CREATES FUTURE EMPLOYMENT DISCRIMINATION FOR ME, AND ALL KINDS OF OTHER MOB CROWD LYNCHING AND KU KLUX KLAN DISCRIMINATION FOR ME AND MY FAMILY. THEY HAVE FAILED TO OPEN MY DISCRIMINATION CLAIMS TO THE PUBLIC EYE, THEY KEEP MY CLAIMS



IN THE CLOSET, THEY SWEEP MY CLAIMS UNDER THE RUG FOR WHITE FOLKS, WHITE HATE GROUPS, POWERFUL WHITE HATE GROUP EMPLOYERS AND THE SONS AND DAUGHTERS OF MR. JIM CROW, THE MOB CROWDS, AND THE KU KLUX KLAN. THANKING YOU IN ADVANCE TO YOUR CONCERNS TO THIS MOST URGENT MATTER.

NOTE. PLEASE EXCUSE ALL TYPOGRAPHICAL ERRORS!

SIGNATURE \_\_\_\_\_

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